

FILED
U.S. DISTRICT COURT

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S.D. OF N.Y.W.P.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
WHITE PLAINS DIVISION

ANESTHESIOLOGY CONSULTANTS, L.L.C.,
VIRGIN ISLANDS PAIN MANAGEMENT
ASSOCIATES, L.L.C., and CARIB EQUIPMENT
L.L.C., f/k/a CARIBBEAN
PAIN MANAGEMENT EQUIPMENT
AND SUPPLIES, L.L.C.,

Plaintiffs,

v.

PRIME MEDICAL BILLING AND
MGMT. LLC, ROCCO UNGARO,
MICHAEL ROTONDARO, GERALD
MARTIN and JOHN MIKLITSCH,
jointly and severally,

Defendants.

13 CV 6317

JUDGE ROMAN

Civil Action No. _____

VERIFIED COMPLAINT

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Plaintiffs, Anesthesiology Consultants, L.L.C., Virgin Islands Pain Management
Associates, L.L.C. and Carib Equipment, L.L.C., f/k/a Caribbean Pain Management
Equipment and Supplies, L.L.C., by and through their attorneys, The Greenberg,

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Dresevic, Hinrichsen, Iwrey, Kalmowitz, Lebow & Pendleton Law Group, by way of Verified Complaint against the Defendants, state the following:

THE PARTIES

1. Plaintiff Anesthesiology Consultants, L.L.C. is a limited liability company with its offices located in St. Thomas, U.S. Virgin Islands and, by virtue of 28 U.S.C. § 1332, is a citizen of the U.S. Virgin Islands.
2. Plaintiff Virgin Islands Pain Management Associates, L.L.C. is a limited liability company with its offices located in St. Thomas, U.S. Virgin Islands and, by virtue of 28 U.S.C. § 1332, is a citizen of the U.S. Virgin Islands.
3. Plaintiff Carib Equipment, L.L.C., f/k/a Caribbean Pain Management Equipment and Supplies, L.L.C., is a limited liability company with its offices located in St. Thomas, U.S. Virgin Islands and, by virtue of 28 U.S.C. § 1332, is a citizen of the U.S. Virgin Islands.
4. Defendant Prime Medical Billing and Mgmt. LLC ("Prime") is a New York Domestic Limited Liability Company with its principal place of business in Westchester, New York and, by virtue of 28 U.S.C. § 1332, is a citizen of the State of New York.
5. Defendant Rocco Ungaro is an individual and a citizen of the State of New York.
6. At all times relevant hereto, Defendant Rocco Ungaro was an agent, employee, apparent/ostensible servant/agent, and/or agent by estoppel of Defendant Prime, and Defendant Prime is vicariously liable for the actions of Defendant Rocco Ungaro under the doctrine of *respondeat superior*.
7. Defendant Michael Rotondaro is an individual and a citizen of the State of New Jersey.

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8. At all times relevant hereto, Defendant Michael Rotondaro was an agent, employee and/or ostensible servant/agent, or agent by estoppel of Defendant Prime, and Defendant Prime is vicariously liable for the actions and/or omissions of Defendant Michael Rotondaro under the doctrine of *respondeat superior*.

9. Defendant Gerald Martin is an individual, and a citizen of the State of New York.

10. At all times relevant hereto, Defendant Gerald Martin was a principal, agent, employee and/or ostensible servant/agent, or agent by estoppel of Defendant Prime, and Prime is vicariously liable for the actions and/or omissions of Defendant Gerald Martin under the doctrine of *respondeat superior*.

11. Defendant John Miklitsch is an individual, and a citizen of the State of New York.

12. At all times relevant hereto, Defendant John Miklitsch was a principal, agent, employee and/or ostensible servant/agent, or agent by estoppel of Defendant Prime, and Prime is vicariously liable for the actions and/or omissions of Defendant Gerald Martin under the doctrine of *respondeat superior*.

13. Defendant Prime, through its words and/or conduct, communicated to Plaintiffs that Defendants Rocco Ungaro and Michael Rotondaro possessed the authority to act on behalf of Defendant Prime.

14. Plaintiffs and/or Plaintiffs' members, agents or assigns reasonably relied upon the appearance of authority created by Defendant Prime as to Defendants Rocco Ungaro and Michael Rotondaro and accepted Defendants Ungaro and Rotondaro's services in reliance of the perceived relationship between Defendant Prime and Defendants Ungaro and Rotondaro.

JURISDICTION AND VENUE

15. Pursuant to 28 U.S.C. § 1332, this Court has subject matter jurisdiction, as the parties are citizens of different states/territories, and the amount in controversy exceeds the sum of Seventy-Five Thousand Dollars (\$75,000.00) exclusive of costs, attorney fees and interest.

16. Venue is proper in this District pursuant to 28 U.S.C. § 1391(b)(2), as this is the judicial district where a substantial part of the events or omissions giving rise to the claim occurred. This judicial district is also the principal place of business for Defendant Prime, Defendant Rocco Ungero resides in this judicial district, and it is believed that Defendants Gerald Martin and John Miklitsch reside in this judicial district.

FACTS

17. Plaintiffs, Anesthesiology Consultants, L.L.C., Virgin Islands Pain Management Associates, L.L.C. and Carib Equipment, L.L.C., f/k/a Caribbean Pain Management Equipment and Supplies, L.L.C., were engaged in independent month-to-month contractual relationships with Defendants commencing at separate points after September of 2008 until October of 2012, at which point, all relationships between Plaintiffs and Defendants were terminated.

18. Under the agreement between Plaintiffs and Defendants, in exchange for the services to be provided by Defendants, Defendants were to be paid by Plaintiffs seven percent (7%) of the monies collected by Plaintiffs from third-party payor reimbursements for services rendered by Plaintiffs.

19. A substantial portion of the Plaintiffs' work is providing anesthesia and pain management care to patients, wherein patients will require both anesthesia and pain management services, usually in the form of injections. Each component of the

procedure (i.e., the anesthesiology component and the pain management component) are billed separately and performed by different providers, each affiliated with a separate company and a separate Employee Identification Number/Tax Identification Number.

20. The American Medical Association has published “a listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians”, which is known as the Current Procedural Terminology, or CPT Code.¹ The CPT codes provide a “uniform language”, allowing “an effective means for reliable nationwide communication among physicians, patients, and third parties.”²

21. CPT codes are represented as a five-digit numerical code. For example, routine obstetric care and the delivery of a baby are identified in the CPT by the codes 59400-59410.³

i. Virgin Islands Pain's Relationship with Defendants

22. Plaintiff Virgin Islands Pain Management Associates, L.L.C. (“VIP”), at all times relevant hereto, was engaged in the practice of providing pain management services to patients on the island of St. Thomas in the United States Virgin Islands.

23. Within the scope of the relationship between Plaintiff VIP and Defendant Prime, Defendant Prime was under a duty to act and give advice for the benefit of Plaintiff VIP within the scope of their relationship.

¹ ABRAHAM M, ET AL, AM MED ASS'N, CURRENT PROCEDURAL TERMINOLOGY (CPT), 2011 V (Am Med Ass'n 2010) (1966).

² *Id.*

³ *Id.* at 253-254.

24. Within the scope of the relationship between Plaintiff VIP and Defendant Rocco Ungaro, Defendant Ungaro was under a duty to act and give advice for the benefit of Plaintiff VIP within the scope of their relationship.

25. Within the scope of the relationship between Plaintiff VIP and Defendant Michael Rotondaro, Defendant Rogondaro was under a duty to act and give advice for the benefit of Plaintiff VIP within the scope of their relationship.

26. Plaintiff VIP contracted with Defendants to provide billing services for pain management in September of 2008.

27. Over the course of Plaintiff VIP's relationship with Defendants, VIP paid Defendants amounts significantly in excess of this Honorable Court's jurisdictional monetary threshold of Seventy-Five Thousand Dollars (\$75,000.00) in controversy.

28. At the time of contract formation and throughout the relationship, Defendants represented themselves to Plaintiffs as having expertise necessary to code for, bill and receive reimbursement for pain management services, representing themselves to have "unique solutions" and "coding intelligence".

29. Although the Plaintiffs submitted procedure data daily to Defendants, who would confirm receipt of the daily data, Defendants billed for procedures that were performed by Plaintiff VIP using incorrect dates, when the pain management services were not actually provided at all. Defendants would omit dates when services were actually provided and instead lump multiple medical services onto one day.

30. Throughout the course of the agreement between Defendants and Plaintiff VIP, perplexingly, and contrary to any valid rationale for the submission of claims for reimbursement, Defendants submitted claims for reimbursement to

Cigna indicating that numerous services had been performed on one day, when in reality, such services were performed on different days.

31. For example, **Patient 1** had an office visit, which was coded using the CPT code of 99215,⁴ on March 8, 2012.⁵

32. However, inexplicably, Defendants chose to bill two 99215 office visits for **Patient 1** on March 8, 2012, even though only one took place that day and the second occurred on a different day.

33. As a result, Cigna, the largest third party payor of health claims in the U.S. Virgin Islands, has demanded reimbursement from Plaintiff VIP for claims it paid where services provided on different days were lumped into one day by Defendants. It is anticipated that other third party payors will make similar repayment demands in the future.

34. Defendants' practice of grouping dates in this manner also resulted in the rejection of many of Plaintiff VIP's claims submitted to Cigna and other third party payors during the course of the contractual relationship between Plaintiff VIP and defendants.

ii. Carib Equipment, L.L.C., f/k/a Caribbean Pain Management Equipment and Supplies, L.L.C.'s Relationship With Defendants

35. Plaintiff Carib Equipment, L.L.C., f/k/a Caribbean Pain Management Equipment and Supplies, L.L.C., ("CPM") provided equipment and supplies for the professional services provided by Plaintiffs Anesthesia Consultants, L.L.C. and VIP.

⁴ Described by the CPT Code as "[o]ffice or other outpatient visit". ABRAHAM M, ET AL, AM MED ASS'N, CURRENT PROCEDURAL TERMINOLOGY (CPT) 13, 2012 v (Am Med Ass'n 2011) (1966).

⁵ (Exhibit 1 – Office Note and Daily Billing Sheet for Patient 1 on March 8, 2012).

36. There was a contractual agreement between Plaintiff CPM and Defendants.

37. Within the scope of the relationship between Plaintiff CPM and Defendant Prime, Defendant Prime was under a duty to act for and give advice for the benefit of CPM within the scope of the relationship.

38. Within the scope of the relationship between Plaintiff CPM and Rocco Ungaro, Mr. Ungaro was under a duty to act and give advice for the benefit of CPM within the scope of their relationship.

39. Within the scope of the relationship between Plaintiff CPM and Defendant Michael Rotondaro, Defendant Rogondaro was under a duty to act and give advice for the benefit of CPM within the scope of their relationship.

40. Over the course of Plaintiff CPM's relationship with Defendants, CPM paid Defendants amounts significantly in excess of this Honorable Court's jurisdictional monetary threshold of Seventy-Five Thousand Dollars (\$75,000.00) in controversy.

41. The UB-04 form is a uniform medical billing form created by the Centers for Medicare & Medicaid Services ("CMS"). The UB-04 form was created for use by institutional providers (e.g., hospitals) to submit claims for reimbursement.⁶

42. However, the UB-04 form is not to be used for individual physician practices.

43. Plaintiff CPM's claims for reimbursement were improperly submitted to Cigna and other third party payors by Defendants on UB-04 forms.⁷

44. VI Equicare, Inc. is the largest Preferred Provider Organization ("PPO") in the U.S. Virgin Islands.

⁶ (Exhibit 2 – Example UB-04 Form).

⁷ (Exhibit 3 – UB-04 Forms Used to Submit Claims for CPM for Patient 2).

45. At all times pertinent hereto, CPM was not a member of VI Equicare, Inc., and was an out-of-network provider. However, in order to obtain reimbursement for claims for services rendered to Cigna patients, CPM needed to be enrolled/registered with VI Equicare, Inc.

46. As such, Defendants were required to take appropriate actions necessary to enroll and/or register CPM with VI Equicare, Inc. to allow CPM to receive reimbursement for such services.

47. Defendants failed to take appropriate actions necessary to enroll and/or register CPM with VI Equicare, Inc., and in fact, Defendant Ungaro expressly discouraged CPM from enrolling/registering therewith.

48. As a result, CPM's claims for reimbursement to Cigna were and/or would have been denied. However, in order to circumvent the appropriate procedure set forth above, Defendants submitted claims to Cigna on UB-04 forms, which did result in payment, but ultimately caused Cigna to demand reimbursement of the improperly-submitted claims.

49. Defendants' submission of claims for reimbursement of anesthesia and pain management equipment and medications incorrectly using UB-04 forms has resulted in Plaintiff CPM being required to reimburse CIGNA what will likely amount to hundreds of thousands of dollars.

50. Defendants' failure to register/enroll CPM as set forth above, further compounded by Defendants' improper submission of claims on UB-04 forms, resulted in post-payment audits, the damage of which is still being determined.

51. If Defendants had not incorrectly submitted the above-referenced claims for reimbursement and neglected to timely and properly enroll and/or

register CPM in VI Equicare, Inc., CPM would have been paid for the claims and the overpayment demands would not have occurred.

iii. Anesthesiology Consultants, L.L.C.'s Relationship with Defendants

52. Plaintiff Anesthesiology Consultants, L.L.C. ("AC") and its employee, Certified Registered Nurse Anesthetist (C.R.N.A) Luz Aponte, provided anesthesiology services in conjunction with the pain management services provided by Plaintiff VIP through Plaintiff VIP and Plaintiff AC principal, anesthesiologist Dr. Janice Victor.

53. Plaintiff AC contracted with Defendants to provide anesthesiology billing services in November, 2009, by way of a month-to-month agreement.

54. There was a valid and binding contract for medical billing services between Defendants and Plaintiff AC.

55. The agreement between Plaintiff AC and Defendants was that Plaintiff AC would provide payment in exchange for both (a) coding; and (b) billing services provided by Defendants. In exchange, Plaintiff AC provided payment for the services provided by Defendants.

56. Within the scope of the relationship between AC and Prime, Prime was under a duty to act and give advice for the benefit of AC within the scope of their relationship.

57. Within the scope of the relationship between Plaintiff AC and Defendant Rocco Ungaro, Defendant Ungaro was under a duty to act and give advice for the benefit of Plaintiff AC within the scope of their relationship.

58. Within the scope of the relationship between Plaintiff AC and Defendant Michael Rotondaro, Defendant Rogondaro was under a duty to act for and give advice for the benefit of Plaintiff AC within the scope of the relationship.

59. Over the course of Plaintiff AC's relationship with Defendants, AC paid Defendants amounts significantly in excess of this Honorable Court's jurisdictional monetary threshold of Seventy-Five Thousand Dollars (\$75,000.00) in controversy.

60. Before reaching an agreement with Plaintiff AC, and throughout the relationship, Defendants represented themselves to Plaintiff AC as having expertise necessary to code, bill and obtain reimbursements for anesthesia services, representing themselves to have "unique solutions" and "coding intelligence".

61. However, Defendants did not possess the necessary expertise or coding intelligence to perform under their agreement with Plaintiff AC.

62. At all relevant times hereto, the CPT codes for anesthesia services are unique, insofar as they are the only codes in the CPT that begin with a zero (0).⁸ The actual procedure for which the anesthesia is required is billed under a separate code.⁹

63. Before commencing the relationship with Defendants, Plaintiff AC introduced Defendants' agents to Letty Perez, a biller/coder employed by another anesthesiologist in St. Thomas.

64. Based upon discussions with Ms. Perez, Defendants requested and received an example of the appropriate "zero codes" for anesthesia billing on November 20, 2009.¹⁰

65. Thus, Defendants were given information as to the appropriate method for coding and billing prior to performing under the agreement with Plaintiff AC by

⁸ ABRAHAM M, *et al*, n. 1, *supra* at 39-46 (**Exhibit 4**).

⁹ See generally *id.*

¹⁰ (**Exhibit 5 - Email Correspondence Between Prime and Ms. Perez**).

way of Ms. Perez's table of base units per anesthesia billing code provided via email on November 20, 2009.¹¹

66. Although these codes are the industry standard in terms of coding for anesthesia procedures, Defendants did not submit anesthesia claims for reimbursement to Cigna and/or other third party payors using the "zero codes".

67. As early as 2010, Prime started receiving notifications that payments were being rejected by Cigna and other third party payors for exceeding the maximum number of treatments and/or for duplicate payments. This was due to Defendants' erroneous practice of submitting two claims for reimbursement using the same code, instead of using the anesthesia code.

68. Nonetheless, Defendants continued to submit claims for reimbursement for anesthesia procedures without using the necessary "zero codes", often submitting the code for the underlying pain procedure itself as the code for the separately billable anesthesia services, resulting in the submission of two claims of a pain procedure when only one was performed.

69. Beginning in 2010, Defendants and Plaintiffs began receiving overpayment demands for healthcare services billed and coded by Defendants. The overpayment demand letters were also sent to Defendants for appropriate follow-up.

70. Nonetheless, Defendants continued to erroneously submit claims for anesthesia billing using the same code as the underlying pain procedure itself, as it had been doing since the commencement of the agreement with Plaintiff AC.

71. At all times relevant hereto, Cigna **explicitly required** the use of CPT "zero codes" for both surgical and non-surgical anesthesia services. This is not unique to the U.S. Virgin Islands: it is the customary practice nationwide.

¹¹ (Exhibit 5).

72. For instance, the CPT specifically provides a “zero code” to be used for anesthesia services like those provided by C.R.N.A. Aponte in such circumstances: 01160 “[a]nesthesia for closed procedures involving the symphysis pubis or sacroiliac joint.”

73. A significant component of Dr. Victor’s practice is providing patients with pain injections, which are performed under anesthesia and thus, claims for reimbursement of such anesthesia services should be submitted using the “zero codes”.

74. For every day that Plaintiffs saw patients, Defendants received the complete anesthesia record which included the name of the specific procedures performed which allowed Defendants the ability to verify and crosscheck the procedure with the appropriate zero code to be used.

75. Defendants and its agents coded and billed third party payors for services provided by Plaintiff AC using the wrong billing codes, specifically by failing to use anesthesia codes, or “zero codes,” necessary to bill for anesthesia procedures accompanying the pain procedures performed, and instead submitted the CPT code for the pain procedure itself, a second time, as the code for the anesthesia procedure performed.

76. The result was that Plaintiff AC’s bills were coded and submitted by Defendants for reimbursement to third party payors, with the appearance that claims were being submitted twice for a single procedure, as if two pain procedures were performed without any accompanying anesthesia being performed.

77. In other words, Defendants would code and submit a claim for Dr. Victor’s performance of the underlying pain procedure as a bill from Plaintiff VIP. Then, Defendants would code and submit a claim for the anesthesia services

provided by C.R.N.A. Luz Aponte/ Plaintiff AC, using the exact same code(s) as those used for the Plaintiff VIP: the code for the pain procedure itself.

78. For example, on March 11, 2011, a patient referenced herein as **Patient 3** received a left sacroiliac joint injection under fluoroscopic guidance.

79. The *procedure* itself was performed on **Patient 3** by Dr. Janice Victor as an agent of Plaintiff VIP, while *anesthesia* services were simultaneously provided by Luz Aponte, C.R.N.A., as an agent of Plaintiff AC.

80. After the procedure was completed, Plaintiff AC submitted a Billing Face Sheet for **Patient 3** to Defendant Prime, along with the anesthesia record itself.¹²

81. The Face Sheet provides **Patient 3's** name, insurance ID, date of procedure, the CPT code (not the anesthesia code, which was to be entered by Defendants) for the underlying procedure, and the time and units of anesthesia provided.¹³ The face sheet was sent to Defendants, along with the anesthesia record and pre-anesthesia evaluation for the patient.

82. Claims to health insurance companies by providers such as Plaintiffs are to be submitted by way of a standard form called a "Form 1500", or the Health Insurance Claim Form ("HICF").

83. The HICFs for **Patient 3's** March 11, 2011 procedure were prepared by Defendants.

84. Though C.R.N.A. Aponte was providing anesthesia care, on August 10, 2012, Defendants submitted HICFs to Cigna for reimbursement on behalf of Plaintiff AC for treatment provided by Aponte, using the following CPT codes:

¹² (Exhibit 6 – Anesthesia Face Sheet & Anesthesia Record for Patient 3's Treatment on March 11, 2011).

¹³ (Exhibit 6).

- a. “77003”,¹⁴ which is the code for “[f]luoroscopic guidance and localization of needle catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures . . . ”;¹⁵ and
- b. “27096” with modifier “59”,¹⁶ which is the code for “[i]njection procedure for sacroiliac joint . . . ” with the modifier being code for “[d]istinct procedural service”, which is used to indicate two procedures performed together that are not normally performed together.¹⁷

85. However, C.R.N.A. Aponte did not perform a left sacroiliac joint injection with fluoroscopy on **Patient 3** on March 11, 2011. Rather, she performed the anesthesia services associated with the joint injection procedure that was performed by Dr. Victor.

86. An Explanation of Benefits form (“EOB”) is used by insurance companies to explain insurance benefits to patients. The EOBs for **Patient 3**’s March 11, 2011 procedure with Dr. Victor and C.R.N.A. Aponte are attached as **Exhibit 8**.

87. It can be seen from the EOBs for **Patient 3**’s March 11, 2011 procedure that the following two CPT codes were submitted by Defendant Prime to Cigna for the care provided by Dr. Victor:

- a. 77003; and
- b. 27096.¹⁸

88. The CPT codes referenced at Paragraph 86(a)-(b) are the same as those (negligently) submitted for the care provided by C.R.N.A. Aponte.¹⁹

¹⁴ (Exhibit 7 – HICF for Patient 3’s 3/11/11 Anesthesia Care).

¹⁵ ABRAHAM M, *et al*, n. 1, *supra* at 385.

¹⁶ (Exhibit 7).

¹⁷ ABRAHAM M, *et al*, n. 1, *supra* at 126 & 550.

¹⁸ (Exhibit 8 – EOBs for Patient 3’s 3/11/11 Procedure for Both AC and VIP).

¹⁹ See (Exhibit 7).

89. However, the CPT specifically provides a “zero code” to be used for anesthesia services like those provided by C.R.N.A. Aponte in such circumstances: 01160 “[a]nesthesia for closed procedures involving the symphysis pubis or sacroiliac joint.”²⁰

90. This code (01160) was not used for the March 11, 2011 procedure. Indeed, no anesthesia code was used whatsoever throughout the entire course of the relationship with Plaintiff AC.

91. Review of Defendant Prime’s Statement for Plaintiff AC²¹ as to **Patient 3** reveals that every service provided by Plaintiff AC was billed without using a “zero code”.

92. Further, comparison of Defendant Prime’s Statement for Plaintiff AC and the Statement for Plaintiff VIP²² concerning **Patient 3** for the same time period reveal that Defendants submitted the same codes to Cigna for reimbursement for both providers.

93. Ironically, on December 3, 2011, Dr. Victor forwarded to Defendant Ungaro and Defendant Prime an email entitled “Coding: Planting Seeds for Success in 2012”, discussing a webinar regarding issues in coding in pain management procedures.²³

94. On February 23, 2012, Cigna Business Project Manager, Cathy Bailey emailed Dr. Victor with regard to the claims submitted for anesthesiology services provided by Plaintiff AC. In that email, Ms. Bailey stated that:

[o]nly one profession can bill for the procedure, for example, if the service is 62311 [lumbar/sacral joint injection²⁴], only one claim with that code should be

²⁰ ABRAHAM M, *et al*, n. 1, *supra* at 47.

²¹ (**Exhibit 9 – Statement for AC as to Patient 3**).

²² (**Exhibit 10 – Statement**).

²³ (**Exhibit 11**).

^[24] ABRAHAM M, *et al*, n. 1, *supra* at 321.

submitted. If you choose to have an anesthesiologist that code would be under the anesthesia codes, starting with oo. The way these claims are submitted it appears to be duplicate.²⁵

Dr. Victor forwarded this email to Defendant Ungaro/Defendant Prime on February 27, 2012.²⁶

95. Defendant Prime was again informed of the error in their billing submissions by way of an email from Cathy Bailey on February 29, 2012.²⁷

96. On February 28, 2012, Defendant Ungaro emailed Cathy Bailey at Cigna, informing her that “[a]ll the claims in question were sent out using an anesthesia submission platform”, and stating that “all claims were sent indicating the minutes and units associated with the authorized procedures.”²⁸

97. On February 29, 2012, Ms. Bailey informed Defendant Ungaro that “there are no claims for anesthesia, with an anesthesia code.”²⁹ Ms. Bailey continued, informing Defendant Ungaro and Defendant Prime that “[w]hat I need is the actual anesthesia code which normally begins with a zero “o” along with timed units.”³⁰

98. Nonetheless, Defendants continued to erroneously submit claims for anesthesia billing using the same code as the underlying pain procedure itself, as it had been doing since the commencement of the agreement with Plaintiff AC.

99. As a result, Plaintiffs also received no payments from Medicare for approximately two years, due to Defendants’ improper submission and coding of anesthesia procedures.

²⁵ (Exhibit 12).
²⁶ (Exhibit 12).
²⁷ (Exhibit 13).
²⁸ (Exhibit 13).
²⁹ (Exhibit 13).
³⁰ (Exhibit 13).

100. Moreover, due to 12-month timely filing restrictions, Plaintiff AC has been unable to collect as to erroneously filed claims.

101. As an additional result, Plaintiffs received substantially less compensation from third party payors because of the improper billing practices provided by Defendants.

102. Further, due to the improper coding performed by Defendants, Plaintiffs are now being subjected to a significant overpayment demand by Cigna, who insures a substantial percentage of Plaintiffs' patients. Cigna will be demanding payment of a substantial amount of money from Plaintiffs for alleged double billing that occurred while Defendants were providing coding and billing services. That is, using the same procedure codes for Plaintiff VIP and Plaintiff AC, which was interpreted by third party payors as billing for each procedure twice.

103. Though Cigna is the biggest third party payor in the U.S. Virgin Islands, similar circumstances have now occurred with the American Postal Workers Union (the "APWU"), another large payor. As a result, the APWU has sent the Plaintiffs another post-payment audit and accompanying demand, requesting the repayment of monies, the amounts still to be determined.

104. Because of the issues with Defendant Prime, Cigna has put Plaintiff AC into a program where each claim for reimbursement must be individually assessed before it is paid out, creating practice-straining lag time for reimbursements and additional pressures on Plaintiff AC's new billing company and Plaintiffs' staff.

105. Since Defendants were compensated to provide coding and billing services based upon a percentage of their collections, Defendants were unjustly compensated for the overbillings that they performed.

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106. As a result of the overpayment demands, Plaintiffs have been required to retain consultants, experts and attorneys to defend themselves, the cost of which is a direct result of Defendants' acts/omissions, discussed above.

COUNT I

(Breach of Contract)

107. Plaintiffs repeat and reallege the previous allegations of this Verified Complaint as if set forth fully herein.

108. As shown above, there was a contractual relationship between the Plaintiffs and Defendants Prime, Rocco Ungaro and Michael Rotondaro.

109. Plaintiffs performed under the agreement, namely by paying Defendants Prime, Rocco Ungaro and Michael Rotondaro for what they reasonably expected was accurate medical coding and billing services in accordance with industry standards.

110. Yet Defendants Prime, Rocco Ungaro and Michael Rotondaro failed to provide medical coding and billing services in accordance with industry standards, thereby breaching their contract with Plaintiffs.

111. As a result of Defendants Prime, Rocco Ungaro and Michael Rotondaro's aforementioned actions and or omissions and contractual breaches, Plaintiffs suffered damages, including, but not limited to, payments made for substandard billing and coding services and consequential loss of profits, namely otherwise billable services that were not billed and/or inappropriately coded and billed, loss of good will with third party payors, required repayments to third party payors, additional payments to the Plaintiffs' administrative staff resulting from Defendants Prime, Rocco Ungaro and Michael Rotondaro's conduct, consulting fees,

legal fees, the cost of which is a direct result of Defendants' aforementioned acts/omissions, as well as and any and all other economic and non-economic damages available at law.

WHEREFORE, Plaintiffs demand that Judgment be entered in their favor and against Defendants jointly and severally for compensatory, expectation, consequential, incidental, reliance and/or restitution damages, together with prejudgment interest and costs of suit, including recovery of reasonable attorneys' fees.

COUNT II

(Careless Contractual Work)

112. Plaintiffs repeat and reallege the previous allegations of this Verified Complaint as if set forth fully herein.

113. As set forth above, Defendants Prime, Rocco Ungaro and Michael Rotondaro were charged with performing work, namely billing services under the contract with Plaintiffs.

114. There were both express and implied terms of performance of billing services by Defendants Prime, Rocco Ungaro and Michael Rotondaro in accordance with industry standards.

115. Defendants Prime, Rocco Ungaro and Michael Rotondaro were required to exercise reasonable skill and care in performing the work.

116. Defendants Prime, Rocco Ungaro and Michael Rotondaro, negligently performed their work, giving rise to actions in tort and breach of contract.

117. Defendants Prime, Rocco Ungaro and Michael Rotondaro failed to perform medical coding and billing services for Plaintiffs in accordance with industry

standards and in compliance with third party payor contracts, rules, and/or guidelines, acting careless in the performance of their work.

118. As a result of Defendants Prime, Rocco Ungaro and Michael Rotondaro's actions and/or omissions, Plaintiffs suffered damages, including, but not limited to, payments made for substandard billing and coding services and consequential loss of profits, namely otherwise billable services that were not billed and/or inappropriately coded and billed, loss of good will with third party payors, required repayments to third party payors, additional payments to the Plaintiffs' administrative staff resulting from Defendants Prime, Rocco Ungaro and Michael Rotondaro's conduct, consulting fees, legal fees, the cost of which is a direct result of Defendants' aforementioned acts/omissions, as well as and any and all other economic and non-economic damages available at law.

WHEREFORE, Plaintiffs demand that Judgment be entered in their favor and against Defendants jointly and severally for compensatory, expectation, consequential, incidental, reliance and/or restitution damages, together with prejudgment interest and costs of suit, including recovery of reasonable attorneys' fees.

COUNT III

(Constructive Fraud In Contract)

119. Plaintiffs repeat and reallege the previous allegations of this Verified Complaint as if set forth fully herein.

120. Plaintiffs were engaged in a contract with Defendants for coding and billing services, as described above.

121. Defendants Prime and its agents, including, but not limited to Rocco Ungaro and Michael Rotondaro made representations of fact as to their ability to provide appropriate coding and billing services.

122. Defendant Prime, Rocco Ungaro and Michael Rotondaro represented to Plaintiffs that they possessed "coding intelligence" as well as the ability to code and submit claims for reimbursement to third party payors on behalf of Plaintiffs.

123. Throughout the scope of the relationship between Defendants Prime, Ungaro and Rotondaro and Plaintiffs, Defendants repeatedly represented themselves to be capable of submission of claims for reimbursement to third party payors by way of Defendants' representations in email correspondence with representatives of Plaintiffs, Preferred Physician Organizations and third party payors.

124. However, Defendants' representations pertaining to their ability to code and bill were materially false.

125. The representations of fact made by Defendants Prime, Rocco Ungaro and Michael Rotondaro were either untrue or recklessly made.

126. Defendants Prime, Rocco Ungaro and Michael Rotondaro failed to perform medical coding and billing services for Plaintiffs in accordance with industry standards and in compliance with third party payor contracts, rules, and/or guidelines in contravention of their representations to do so.

127. As a result of Defendants Prime, Rocco Ungaro and Michael Rotondaro's aforementioned actions and/or omissions, which constitute constructive fraud, Plaintiffs suffered damages, including, but not limited to, payments made for substandard billing and coding services and consequential loss of profits, namely otherwise billable services that were not billed and/or

inappropriately coded and billed, loss of good will with third party payors, required repayments to third party payors, additional payments to the Plaintiffs' administrative staff resulting from Defendants Prime, Rocco Ungaro and Michael Rotondaro's conduct, consulting fees, legal fees, the cost of which is a direct result of Defendants' aforementioned acts/omissions, as well as and any and all other economic and non-economic damages available at law.

WHEREFORE, Plaintiffs demand that Judgment be entered in their favor and against Defendants jointly and severally for compensatory, expectation, consequential, incidental, reliance and/or restitution damages, together with prejudgment interest and costs of suit, including recovery of reasonable attorneys' fees.

COUNT IV

(Breach of Fiduciary Duty)

128. Plaintiffs repeat and reallege the previous allegations of this Verified Complaint as if set forth more fully herein.

129. As described above, there was a fiduciary relationship between Defendants Prime, Rocco Ungaro and Michael Rotondaro and Plaintiffs.

130. Plaintiffs relied upon Defendants to use their superior position as to the coding and billing of third party payor claims.

131. In the context of this fiduciary relationship wherein Defendants Prime, Rocco Ungaro and Michael Rotondaro were responsible for appropriate coding and the submission of billings to numerous third party payors, and were then compensated on a percentage basis, Defendants Prime, Rocco Ungaro and Michael Rotondaro engaged in inappropriate coding and billing practices, including "double

billing”, which were self-dealing transactions in that they artificially inflated the reimbursement received by Plaintiffs thereby resulting in higher compensation to themselves.

132. Defendants Prime, Rocco Ungaro and Michael Rotondaro were acting contrary to the interests of Plaintiffs, to whom a duty of loyalty was owed.

133. Defendants Prime, Rocco Ungaro and Michael Rotondaro failed to perform medical coding and billing services for Plaintiffs in accordance with industry standards and in compliance with third party payor contracts, rules, and/or guidelines.

134. As a result of Defendant Prime, Rocco Ungaro and Michael Rotondaro's aforementioned actions and/or omissions, which constitute breach of fiduciary duty, Plaintiffs suffered damages, including, but not limited to, payments made for substandard billing and coding services and consequential loss of profits, namely otherwise billable services that were not billed and/or inappropriately coded and billed, loss of good will with third party payors, required repayments to third party payors, additional payments to Plaintiffs' administrative staff resulting from Defendants Prime, Rocco Ungaro and Michael Rotondaro's conduct, consulting fees, legal fees, the cost of which is a direct result of Defendants' aforementioned acts/omissions, as well as and any and all other economic and non-economic damages available at law.

WHEREFORE, Plaintiffs demand that Judgment be entered in their favor and against Defendants jointly and severally for compensatory, expectation, consequential, incidental, reliance and/or restitution damages, together with prejudgment interest and costs of suit, including recovery of reasonable attorneys' fees.

COUNT V

(Fraudulent Concealment by Fiduciaries)

135. Plaintiffs repeat and reallege the previous allegations of this Verified Complaint as if set forth fully herein.

136. Defendants Prime, Rocco Ungaro and Michael Rotondaro each owed an independent fiduciary duty to Plaintiffs.

137. Defendants Prime, Rocco Ungaro and Michael Rotondaro concealed the fact that they were incorrectly performing medical coding and billing services and ignoring clear directions by the applicable third party payors.

138. Defendants Prime, Rocco Ungaro and Michael Rotondaro represented to Plaintiffs that they possessed "coding intelligence" as well as the ability to code and submit claims for reimbursement to third party payors on behalf of Plaintiffs.

139. Throughout the scope of the relationship between Defendants Prime, Ungaro and Rotondaro with Plaintiffs, Defendants repeatedly represented themselves to be capable of submission of claims for reimbursement to third party payors by way of Defendants' representations in email correspondence with representatives of Plaintiffs, Preferred Physician Organizations and third party payors.

140. However, Defendants' representations pertaining to their ability to code and bill were materially false.

141. Defendants Prime, Rocco Ungaro and Michael Rotondaro's concealment was intentional in order to defraud or mislead Plaintiffs for purposes of self-interest.

142. Plaintiffs reasonably relied upon the representations of Defendants Prime, Rocco Ungaro and Michael Rotondaro not knowing of their falsity at the time.

143. As a result of Defendants Prime, Rocco Ungaro and Michael Rotondaro's aforementioned actions and/or omissions, which constitute fraudulent concealment, Plaintiffs suffered damages, including, but not limited to, payments made for substandard billing and coding services and consequential loss of profits, namely otherwise billable services that were not billed and/or inappropriately coded and billed, loss of good will with third party payors, required repayments to third party payors, additional payments to Plaintiffs' administrative staff resulting from Defendants Prime, Rocco Ungaro and Michael Rotondaro's conduct, consulting fees, legal fees, the cost of which is a direct result of Defendants' aforementioned acts/omissions, as well as and any and all other economic and non-economic damages available at law.

WHEREFORE, Plaintiffs demand that Judgment be entered in their favor and against Defendants jointly and severally for compensatory, expectation, consequential, incidental, reliance and/or restitution damages, together with prejudgment interest and costs of suit, including recovery of reasonable attorneys' fees.

COUNT VI

(Contract Performance Interfered With By Outsider)

144. Plaintiffs repeat and reallege the previous allegations of this Verified Complaint as if set forth fully herein.

145. Plaintiffs had contractual relationships with third party payors, such as Cigna and the Centers for Medicare Services (e.g., Medicare).

146. Defendants Prime, Rocco Ungaro and Michael Rotondaro intentionally and wrongfully interfered with these contracts.

147. Defendants Prime, Rocco Ungaro and Michael Rotondaro each owed independent fiduciary duties to Plaintiffs.

148. There was no legal or social justification for Defendants Prime, Rocco Ungaro and Michael Rotondaro's interference with Plaintiffs' relationships with third party payors.

149. Defendants Prime, Rocco Ungaro and Michael Rotondaro failed to perform medical coding and billing services for Plaintiffs in accordance with industry standards and in compliance with third party payor contracts, rules, and/or guidelines for purposes of self-interest.

150. As a result of Defendants Prime, Rocco Ungaro and Michael Rotondaro's aforementioned actions and/or omissions, which constitute tortious interference with contract, Plaintiffs suffered damages, including, but not limited to, payments made for substandard billing and coding services and consequential loss of profits, namely otherwise billable services that were not billed and/or inappropriately coded and billed, loss of good will with third party payors, required repayments to third party payors, additional payments to Plaintiffs' administrative staff resulting from Defendants Prime, Rocco Ungaro and Michael Rotondaro's conduct, consulting fees, legal fees, the cost of which is a direct result of Defendants' aforementioned acts/omissions, as well as and any and all other economic and non-economic damages available at law.

WHEREFORE, Plaintiffs demand that Judgment be entered in their favor and against Defendants jointly and severally for compensatory, expectation, consequential, incidental, reliance and/or restitution damages, together with prejudgment interest and costs of suit, including recovery of reasonable attorneys' fees.

COUNT VII

(Promissory Estoppel)

151. Plaintiffs repeat and reallege the previous allegations of this Verified Complaint as if set forth fully herein.

152. There was a clear and unambiguous promise on the part of Defendants Prime, Rocco Ungaro and Michael Rotondaro to perform medical coding and billing services for Plaintiffs in accordance with industry standards and in compliance with third party payor contracts, rules and/or guidelines.

153. Plaintiffs reasonably and foreseeably relied upon such promise made by Defendants Prime, Rocco Ungaro and Michael Rotondaro and would not have paid Defendants but for their belief that Defendants were abiding by such promise.

154. By relying on Defendants Prime, Rocco Ungaro and Michael Rotondaro's promise, Plaintiffs were damaged due to Defendants Prime, Rocco Ungaro and Michael Rotondaro's failure to perform medical coding and billing services in accordance with industry standards and in compliance with third party payor contracts, rules and/or guidelines.

155. As a result of Defendants Prime, Rocco Ungaro and Michael Rotondaro's aforementioned acts and/or omissions, Plaintiffs suffered damages, including, but not limited to, payments made for substandard billing and coding services and consequential loss of profits, namely otherwise billable services that were not billed and/or inappropriately coded and billed, loss of good will with third party payors, required repayments to third party payors, additional payments to Plaintiffs' administrative staff resulting from Defendants Prime, Rocco Ungaro and Michael Rotondaro's conduct, consulting fees, legal fees, the cost of which is a direct

result of Defendants' aforementioned acts/omissions, as well as and any and all other economic and non-economic damages available at law.

WHEREFORE, Plaintiffs demand that Judgment be entered in their favor and against Defendants jointly and severally for compensatory, expectation, consequential, incidental, reliance and/or restitution damages, together with prejudgment interest and costs of suit, including recovery of reasonable attorneys' fees.

COUNT VIII

(Fraud and Deceit)

156. Plaintiffs repeat and reallege the previous allegations of this Verified Complaint as if set forth fully herein.

157. Defendants Prime, Rocco Ungaro and Michael Rotondaro represented to Plaintiffs that they possessed "coding intelligence" as well as the ability to code and submit claims for reimbursement to third party payors on behalf of Plaintiffs.

158. Throughout the scope of the relationship between Defendants Prime, Ungaro and Rotondaro with Plaintiffs, Defendants repeatedly represented themselves to be capable of submission of claims for reimbursement to third party payors by way of Defendants' representations in email correspondence with representatives of Plaintiffs, Preferred Physician Organizations and third party payors.

159. However, Defendants' representations pertaining to their ability to code and bill were materially false.

160. Further, during the course of the relationship with Plaintiffs, Defendants Prime, Ungaro and Rotondaro materially misrepresented the nature of

why claims were being rejected, citing problems with their “vendor” and Cigna’s policies, rather than their own failures to properly submit claims for reimbursement.

161. As such, Defendants Prime, Rocco Ungaro and Michael Rotondaro made misrepresentations of facts with regard to the medical coding and billing services provided to Plaintiffs.

162. The misrepresentations of facts were known by Defendants to be false.

163. The Defendants intended to induce Plaintiffs’ reliance upon their intentional misrepresentations, in order to receive and continue receiving payment for medical coding and billing services provided to Plaintiffs.

164. Plaintiffs’ reliance upon the misrepresentations of Defendants Prime, Rocco Ungaro and Michael Rotondaro was justifiable.

165. As a result of Defendants Prime, Rocco Ungaro and Michael Rotondaro’s aforementioned actions and omissions, Plaintiffs suffered damages, including, but not limited to, payments made for substandard billing and coding services and consequential loss of profits, namely otherwise billable services that were not billed and/or inappropriately coded and billed, loss of good will with third party payors, required repayments to third party payors, additional payments to Plaintiffs’ administrative staff resulting from Defendants Prime, Rocco Ungaro and Michael Rotondaro’s conduct, consulting fees, legal fees, the cost of which is a direct result of Defendants’ aforementioned acts/omissions, as well as and any and all other economic and non-economic damages available at law.

WHEREFORE, Plaintiffs demand that Judgment be entered in their favor and against Defendants jointly and severally for compensatory, expectation, consequential, incidental, reliance and/or restitution damages, together with

prejudgment interest and costs of suit, including recovery of reasonable attorneys' fees.

COUNT IX

(Professional/Tradeperson Malpractice)

166. Plaintiffs repeat and reallege the previous allegations of this Verified Complaint as if set forth fully herein.

167. Defendants Prime, Rocco Ungaro and Michael Rotondaro were engaged in the trade/profession of providing medical coding and billing services.

168. Defendants Prime, Rocco Ungaro and Michael Rotondaro negligently departed from the accepted standards of practice by way of the following:

- a. Failure to timely and properly provide competent medical coding and billing services;
- b. Failure to timely and properly exercise reasonable diligence in providing medical coding and billing services;
- c. Failure to timely and properly comport to applicable industry practices for medical coding and billing services;
- d. Failure to timely and properly ensure that the proper billing codes were used when billing for anesthesia services;
- e. Failure to timely and properly use billing codes starting with a "o" for anesthesia services provided by Plaintiffs;
- f. Failure to perform medical coding and billing services for Plaintiffs in accordance with industry standards and in compliance with third party payor contracts, rules, and/or guidelines.
- g. Failure to timely and properly refrain from submitting double billings and/or other inappropriate billing

practices to third party payors on behalf of Plaintiffs;
and

h. Any and all other acts of professional/trade person negligence identified through the discovery process.

169. Defendants' aforementioned actions/omissions make them liable to Plaintiffs for professional/trade person negligence/malpractice.

170. As a result of Defendants Prime, Rocco Ungaro and Michael Rotondaro's aforementioned actions and/or omissions, Plaintiffs suffered damages, including, but not limited to, payments made for substandard billing and coding services and consequential loss of profits, namely otherwise billable services that were not billed and/or inappropriately coded and billed, loss of good will with third party payors, required repayments to third party payors, additional payments to Plaintiffs' administrative staff resulting from Defendants Prime, Rocco Ungaro and Michael Rotondaro's conduct, consulting fees, legal fees, the cost of which is a direct result of Defendants' aforementioned acts/omissions, as well as and any and all other economic and non-economic damages available at law.

WHEREFORE, Plaintiffs demand that Judgment be entered in their favor and against Defendants jointly and severally for compensatory, expectation, consequential, incidental, reliance and/or restitution damages, together with prejudgment interest and costs of suit, including recovery of reasonable attorneys' fees.

COUNT IX

(Negligent Supervision)

171. Plaintiffs repeat and reallege the previous allegations of this Verified Complaint as if set forth fully herein.

172. There was a supervisory relationship between Defendant Prime and its principals and Defendants Rocco Ungaro, Michael Rotondaro and/or other agents of Defendant Prime.

173. Defendants Gerald Martin and John Miklitsch, as shareholders/owners of Prime, had a duty to timely and properly:

- a. Make reasonable staffing decisions;
- b. Ensure employees/agents/contractors were qualified to provide services offered;
- c. Ensure employees/agents/contractors received adequate training so as to be able to provide appropriate services to clients;
- d. Refrain from employing/retaining/contracting with individuals incapable of performing coding and/or billing activities for clients;
- e. Establish proper guidelines, protocols and/or procedures to ensure that employees/agents/contractors provide appropriate services to clients;
- f. Ensure that employees/agents/contractors possess and/or have the necessary access to appropriate materials to ensure the provision of appropriate services to clients such as Plaintiffs, including, but not limited to coding guidebooks and computer software; and
- g. Any and all other acts/omissions revealed through the discovery process.

174. Defendants Martin and Miklitsch did none of the things identified in Paragraph 172, above, and as a result are liable to Plaintiffs for negligent supervision.

175. Defendants Martin and Miklitsch either knew, or should have known that agents of Prime were unable to correctly provide services to Plaintiffs.

176. Defendants' inability to correctly provide services to Plaintiffs resulted in damages to Plaintiffs.

177. As a result of Gerald Martin, John Miklitsch, Prime, Rocco Ungaro and Michael Rotondaro's aforementioned actions and/or omissions, Plaintiffs suffered damages, including, but not limited to, payments made for substandard billing and coding services and consequential loss of profits, namely otherwise billable services that were not billed and/or inappropriately coded and billed, loss of good will with third party payors, required repayments to third party payors, additional payments to Plaintiffs' administrative staff resulting from Defendants Prime, Gerald Martin, John Miklitsch, Rocco Ungaro and Michael Rotondaro's conduct, consulting fees, legal fees, the cost of which is a direct result of Defendants' aforementioned acts/omissions, as well as and any and all other economic and non-economic damages available at law.

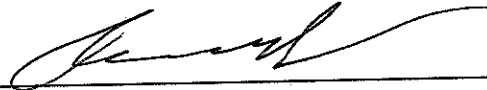
WHEREFORE, Plaintiffs demand that Judgment be entered in their favor and against Defendants jointly and severally for compensatory, expectation, consequential, incidental, reliance and/or restitution damages, together with prejudgment interest and costs of suit, including recovery of reasonable attorneys' fees.

The Greenberg, Dresevic, Hinrichsen, Iwrey, Kalmowitz, Lebow & Pendleton Law Group • 1983 Marcus Ave., Ste 106 • Lake Success, NY 11042 • (516) 492-3390

August 21, 2013

Respectfully Submitted,

The Greenberg, Dresevic, Hinrichsen,
Iwrey, Kalmowitz, Lebow & Pendleton Law
Group



By: Robert S. Iwrey
Attorneys for Plaintiffs
1983 Marcus Ave., Ste. 106
Lake Success, NY 11042
(516) 492-3390/FAX-3389

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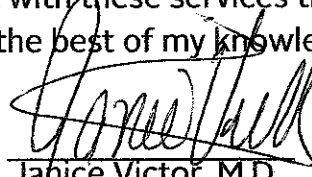
VERIFICATION

TERRITORY OF THE U.S. VIRGIN ISLANDS :
SS.
ISLAND OF ST. THOMAS :

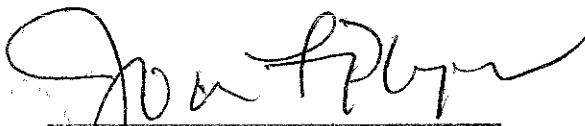
Janice Victor, M.D., of full age, being duly sworn according to law, upon her oath deposes and says:

I am a member of Anesthesiology Consultants, L.L.C., Virgin Islands Pain Management Associates, L.L.C. and Carib Equipment, L.L.C. f/k/a Caribbean Pain Management Equipment and Supplies, L.L.C. and am familiar with transactions and occurrences in the Verified Complaint.

I have reviewed the Verified Complaint, and based on my understanding of the documents and my personal involvement with these services transactions, the factual matters contained herein are true to the best of my knowledge.


Janice Victor, M.D.

Sworn and subscribed to before
Me this 27th day of August, 2013



NOTARY PUBLIC

Name: *Joann F. Penn-Lynch*
My Commission Exp: June 12, 2017
NP Commission #: NP-50-13
St. Thomas/St. John, USVI District

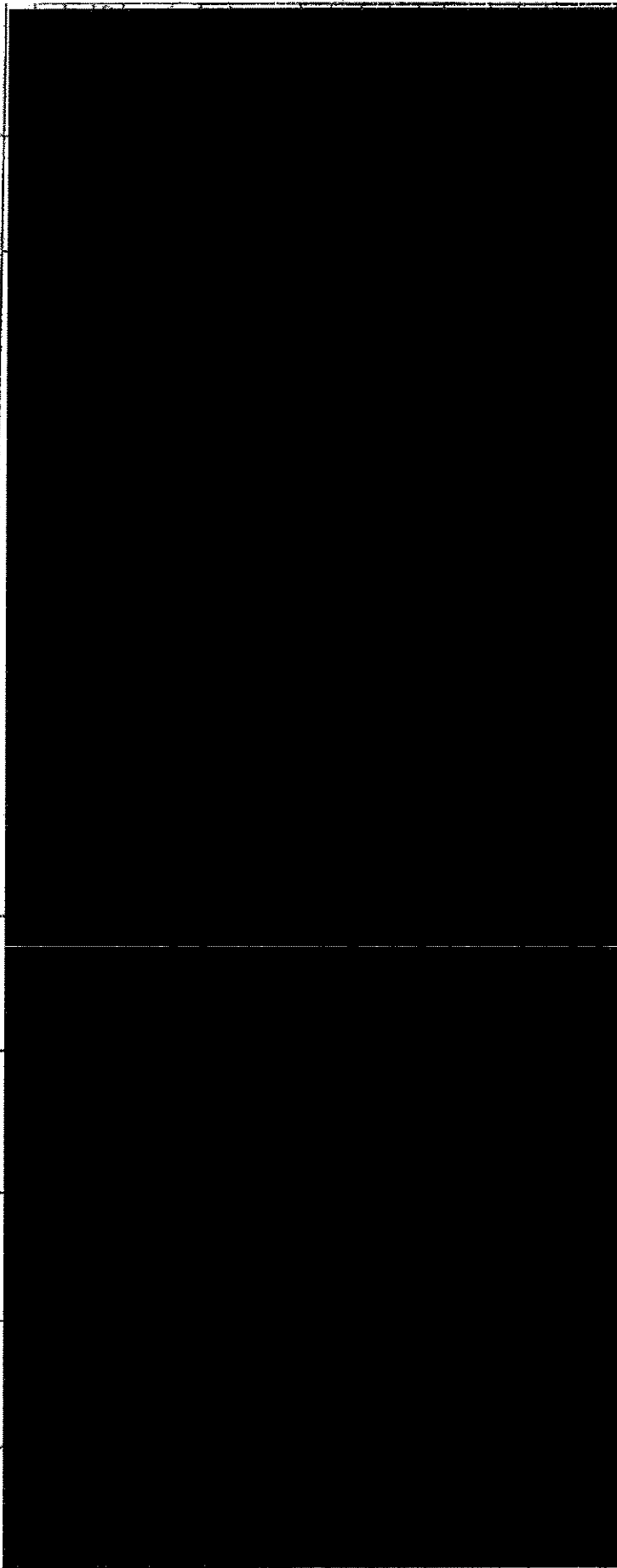
EXHIBIT 1

Winds Pain Management
 Box 7877
 St. Thomas, VI. 00801
 Tax ID# 66-0663866

Daily Billing Sta. Ments

TEL: 714-7246
 Fax: 866-820-2137
 PIN# 142979
 CDD# 000-0000

Date: 5/6/12



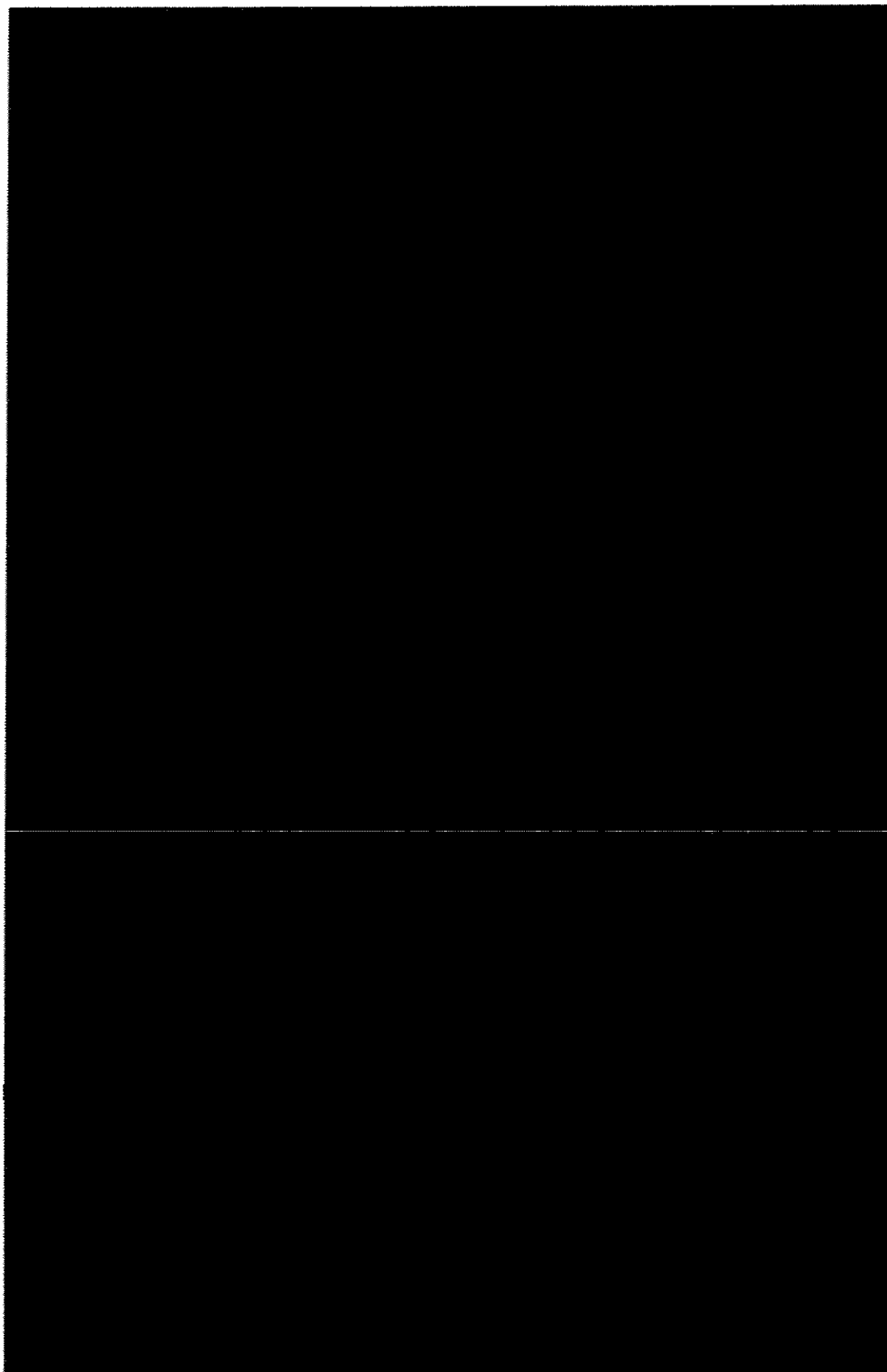
Name & Address		Insurance Info.		Social Security #	DOB#	Phone number	
Patient 1		Cigna					
Pain Physician		Dr. Victor					
Diagnosis:		Cervicogenic					
Date:	CPT	Description	Total Cost	Deductible	Paid	Billed	Form of Payment
3/8/12	99315	Initial visit	1169.66	30.00	130.00	134.00	CC

Follow-up Patient Initial Visit

Patient Name: Patient 1

Date of office Visit: March 8, 2012









Janice D. Victor, M.D

Physician's Signature

EXHIBIT 2

This is an image of the UB-04 form

1 PATIENT NAME		2		3 PATIENT ADDRESS		4 TYPE OF BILL	
5 PATIENT DATE		6 MED. REC. #		7 STATEMENT COVERS PERIOD FROM		8 THROUGH	
9 PATIENT DATE		10 MED. REC. #		11 STATE		12	
13 SEX		14 DATE		15 ADMISSION		16 DNR	
17 STAT		18		19		20	
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813 OCCURRENCE DATE		814		815		816	
817 OCCURRENCE DATE		818		819		820	
821 OCCURRENCE DATE		822					

EXHIBIT 3

Patient 2

CHRISTIAN HAIN MANAGEMENT 9150 ESTATE THOMAS SUITE 101 ST. THOMAS, VI 00802		802812100341 83061494771	
Patient 2		BOX 12388	080717610 080805 080805
CIGMA HEALTH/SCRANTON P.O. BOX 5200 SCRANTON, PA 16505			
0270 LIDOCAINE INJECTION 1% 15 MG/ML 0270 LIDOCAINE 5ACC JZ001		080805 77-23 080805 80 50	
PAGE 2 OF 2		CREATION DATE 100705 TOTAL 116 50	
CURRENT HEADLINE/DESCRIPTION			
Patient 2			
1264423705		116 50	

EXHIBIT 4

current procedural terminology

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Anesthesia Guidelines

Services involving administration of anesthesia are reported by the use of the anesthesia five-digit procedure code (00100-01999) plus modifier codes (defined under "Anesthesia Modifiers" later in these Guidelines).

The reporting of anesthesia services is appropriate by or under the responsible supervision of a physician. These services may include but are not limited to general, regional, supplementation of local anesthesia, or other supportive services in order to afford the patient the anesthesia care deemed optimal by the anesthesiologist during any procedure. These services include the usual preoperative and postoperative visits, the anesthesia care during the procedure, the administration of fluids and/or blood and the usual monitoring services (eg, ECG, temperature, blood pressure, oximetry, capnography, and mass spectrometry). Unusual forms of monitoring (eg, intra-arterial, central venous, and Swan-Ganz) are not included.

Items used by all physicians in reporting their services are presented in the **Introduction**. Some of the commonalities are repeated in this section for the convenience of those physicians referring to this section on **Anesthesia**. Other definitions and items unique to anesthesia are also listed.

To report moderate (conscious) sedation provided by a physician also performing the service for which conscious sedation is being provided, see codes 99143-99145.

For the procedures listed in Appendix G, when a second physician other than the health care professional performing the diagnostic or therapeutic services provides moderate (conscious) sedation in the facility setting (eg, hospital, outpatient hospital/ambulatory surgery center, skilled nursing facility), the second physician reports the associated moderate sedation procedure/service 99148-99150; when these services are performed by the second physician in the nonfacility setting (eg, physician office, freestanding imaging center), codes 99148-99150 would not be reported. Moderate sedation does not include minimal sedation (anxiolysis), deep sedation, or monitored anesthesia care (00100-01999).

To report regional or general anesthesia provided by a physician also performing the services for which the anesthesia is being provided, see modifier 47 in Appendix A.

Time Reporting

Time for anesthesia procedures may be reported as is customary in the local area. Anesthesia time begins when the anesthesiologist begins to prepare the patient for the induction of anesthesia in the operating room (or in an equivalent area) and ends when the anesthesiologist is no longer in personal attendance, that is, when the patient may be safely placed under postoperative supervision.

Physician's Services

Physician's services rendered in the office, home, or hospital; consultation; and other medical services are listed in the section titled **Evaluation and Management Services** (99201-99499 series) found on page 1. "Special Services and Reporting" (99000-99091 series) are listed in the **Medicine** section.

Materials Supplied by Physician

Supplies and materials provided by the physician (eg, sterile trays, drugs) over and above those usually included with the office visit or other services rendered may be listed separately. Drugs, tray supplies, and materials provided should be listed and identified with 99070 or the appropriate supply code.

Separate or Multiple Procedures

When multiple surgical procedures are performed during a single anesthetic administration, the anesthesia code representing the most complex procedure is reported. The time reported is the combined total for all procedures.

Special Report

A service that is rarely provided, unusual, variable, or new may require a special report. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure and the time, effort, and equipment necessary to provide the service.

Anesthesia Modifiers

All anesthesia services are reported by use of the anesthesia five-digit procedure code (00100-01999) plus the addition of a physical status modifier. The use of other optional modifiers may be appropriate.

Physical Status Modifiers

Physical Status modifiers are represented by the initial letter 'P' followed by a single digit from 1 to 6 as defined in the following list:

- P1:** A normal healthy patient
- P2:** A patient with mild systemic disease
- P3:** A patient with severe systemic disease
- P4:** A patient with severe systemic disease that is a constant threat to life
- P5:** A moribund patient who is not expected to survive without the operation
- P6:** A declared brain-dead patient whose organs are being removed for donor purposes

These six levels are consistent with the American Society of Anesthesiologists (ASA) ranking of patient physical status. Physical status is included in the CPT codebook to distinguish among various levels of complexity of the anesthesia service provided.

Example: 00100-P1

Qualifying Circumstances

More than one qualifying circumstance may be selected.

Many anesthesia services are provided under particularly difficult circumstances, depending on factors such as extraordinary condition of patient, notable operative conditions, and/or unusual risk factors. This section includes a list of important qualifying circumstances that significantly affect the character of the anesthesia service provided. These procedures would not be reported alone but would be reported as additional procedure numbers qualifying an anesthesia procedure or service.

- + 99100** Anesthesia for patient of extreme age: younger than 1 year and older than 70 (List separately in addition to code for primary anesthesia procedure)
(For procedure performed on infants younger than 1 year of age at time of surgery see 00326, 00561, 00834, 00836)
- + 99116** Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure)
- + 99135** Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure)
- + 99140** Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)

(An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part.)

Anesthesia

Head

- 00100** Anesthesia for procedures on salivary glands including biopsy
 ➡ CPT Assistant Feb 97:4 Nov 99:6 Feb 06:9 Mar 06:15 Nov 07:8
- 00102** Anesthesia for procedures involving plastic repair of cleft lip
 ➡ CPT Assistant Nov 99:6; CPT Changes: An Insider's View 2000
- 00103** Anesthesia for reconstructive procedures of eyelid (eg blepharoplasty ptosis surgery)
 ➡ CPT Assistant Nov 99:6; CPT Changes: An Insider's View 2000
- 00104** Anesthesia for electroconvulsive therapy
- 00120** Anesthesia for procedures on external, middle, and inner ear including biopsy; not otherwise specified
- 00124** otoscopy
 ➡ CPT Assistant Nov 99:7
- 00126** tympanotomy
- 00140** Anesthesia for procedures on eye; not otherwise specified
- 00142** lens surgery
- 00144** corneal transplant
- 00145** vitreoretinal surgery
 ➡ CPT Changes: An Insider's View 2001
- 00147** iridectomy
- 00148** ophthalmoscopy
- 00160** Anesthesia for procedures on nose and accessory sinuses; not otherwise specified
- 00162** radical surgery
- 00164** biopsy soft tissue
- 00170** Anesthesia for intraoral procedures including biopsy; not otherwise specified
- 00172** repair of cleft palate
- 00174** excision of retropharyngeal tumor
- 00176** radical surgery
- 00190** Anesthesia for procedures on facial bones or skull; not otherwise specified
 ➡ CPT Changes: An Insider's View 2001
- 00192** radical surgery (including prognathism)
- 00210** Anesthesia for intracranial procedures; not otherwise specified
- 00211** craniotomy or craniectomy for evacuation of hematoma
 ➡ CPT Changes: An Insider's View 2009
- 00212** subdural taps

- 00214** burr holes including ventriculography
 ➡ CPT Assistant Nov 99:7; CPT Changes: An Insider's View 2000
- 00215** cranioplasty or elevation of depressed skull fracture extradural (simple or compound)
 ➡ CPT Changes: An Insider's View 2001
- 00216** vascular procedures
- 00218** procedures in sitting position
- 00220** cerebrospinal fluid shunting procedures
- 00222** electrocoagulation of intracranial nerve

Neck

- 00300** Anesthesia for all procedures on the integumentary system, muscles and nerves of head, neck, and posterior trunk, not otherwise specified
 ➡ CPT Assistant Nov 99:7, Mar 08:15
- 00320** Anesthesia for all procedures on esophagus, thyroid larynx, trachea and lymphatic system of neck; not otherwise specified age 1 year or older
 ➡ CPT Changes: An Insider's View 2003
- 00322** needle biopsy of thyroid
 (For procedures on cervical spine and cord, see 00600 00604 00670)
- 00326** Anesthesia for all procedures on the larynx and trachea in children younger than 1 year of age
 ➡ CPT Changes: An Insider's View 2003
 (Do not report 00326 in conjunction with 99100)
- 00350** Anesthesia for procedures on major vessels of neck; not otherwise specified
- 00352** simple ligation
 ➡ CPT Assistant Nov 07:8
 (For arteriography use 01916)

Thorax (Chest Wall and Shoulder Girdle)

- 00400** Anesthesia for procedures on the integumentary system on the extremities anterior trunk and perineum; not otherwise specified
 ➡ CPT Assistant Mar 06:15 Nov 07:8
- 00402** reconstructive procedures on breast (eg reduction or augmentation mammoplasty, muscle flaps)
- 00404** radical or modified radical procedures on breast

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Anesthesia / Intrathoracic 00406-00625

- 00406 radical or modified radical procedures on breast with internal mammary node dissection
- 00410 electrical conversion of arrhythmias
- 00450 Anesthesia for procedures on clavicle and scapula; not otherwise specified
- 00452 radical surgery
- 00454 biopsy of clavicle
- 00470 Anesthesia for partial rib resection; not otherwise specified
- 00472 thoracoplasty (any type)
- 00474 radical procedures (eg. pectus excavatum)
 ➤ CPT Assistant Nov 07:8

Intrathoracic

- 00500 Anesthesia for all procedures on esophagus
 ➤ CPT Assistant Mar 08:15 Nov 07:8
- 00520 Anesthesia for closed chest procedures; (including bronchoscopy) not otherwise specified
 ➤ CPT Assistant Nov 99:7; CPT Changes An Insider's View 2000
- 00522 needle biopsy of pleura
- 00524 pneumocentesis
- 00528 mediastinoscopy and diagnostic thoracoscopy not utilizing 1 lung ventilation
 ➤ CPT Assistant Nov 99:7; CPT Changes An Insider's View 2000 2003 2004
 (For tracheobronchial reconstruction use 00539)
- 00529 mediastinoscopy and diagnostic thoracoscopy utilizing 1 lung ventilation
 ➤ CPT Assistant Jun 04:3; CPT Changes An Insider's View 2004
- 00530 Anesthesia for permanent transvenous pacemaker insertion
 ➤ CPT Changes An Insider's View 2001
- 00532 Anesthesia for access to central venous circulation
- 00534 Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator
 ➤ CPT Changes An Insider's View 2001
 (For transthoracic approach use 00560)
- 00537 Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation
 ➤ CPT Changes An Insider's View 2001
- 00539 Anesthesia for tracheobronchial reconstruction
 ➤ CPT Changes An Insider's View 2003
- 00540 Anesthesia for thoracotomy procedures involving lungs pleura diaphragm and mediastinum (including surgical thoracoscopy); not otherwise specified

- 00541 utilizing 1 lung ventilation
 ➤ CPT Changes An Insider's View 2003
 (For thoracic spine and cord anesthesia procedures via an anterior transthoracic approach see 00625-00626)
- 00542 decortication
- 00546 pulmonary resection with thoracoplasty
- 00548 intrathoracic procedures on the trachea and bronchi
 ➤ CPT Assistant Nov 97:10
- 00550 Anesthesia for sternal debridement
 ➤ CPT Changes An Insider's View 2001
- 00560 Anesthesia for procedures on heart, pericardial sac and great vessels of chest; without pump oxygenator
 ➤ CPT Changes An Insider's View 2002
- 00561 with pump oxygenator, younger than 1 year of age
 ➤ CPT Changes An Insider's View 2005
 (Do not report 00561 in conjunction with 99100 99116 and 99135)
- 00562 with pump oxygenator, age 1 year or older for all non-coronary bypass procedures (eg. valve procedures) or for re-operation for coronary bypass more than 1 month after original operation
 ➤ CPT Changes An Insider's View 2009
- 00563 with pump oxygenator with hypothermic circulatory arrest
 ➤ CPT Changes An Insider's View 2001
- 00566 Anesthesia for direct coronary artery bypass grafting; without pump oxygenator
 ➤ CPT Changes An Insider's View 2001 2009
- 00567 with pump oxygenator
 ➤ CPT Changes An Insider's View 2009
- 00580 Anesthesia for heart transplant or heart/lung transplant
 ➤ CPT Assistant Nov 07:8

Spine and Spinal Cord

- 00600 Anesthesia for procedures on cervical spine and cord; not otherwise specified
 ➤ CPT Assistant Mar 06:15 May 07:9 Nov 07:8
 (For percutaneous image-guided spine and spinal cord anesthesia procedures see 01935 01936)
- 00604 procedures with patient in the sitting position
 ➤ CPT Changes An Insider's View 2001
- 00620 Anesthesia for procedures on thoracic spine and cord; not otherwise specified
 ➤ CPT Assistant Mar 07:9
- 00622 thoracolumbar sympathectomy
 ➤ CPT Assistant Mar 07:9
- 00625 Anesthesia for procedures on the thoracic spine and cord via an anterior transthoracic approach; not utilizing 1 lung ventilation
 ➤ CPT Assistant Mar 07:9 CPT Changes An Insider's View 2007

00626—00866 Anesthesia / Upper Abdomen

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00626 utilizing 1 lung ventilation
 ➤ CPT Assistant Mar 07:9; CPT Changes An Insider's View 2007

(For anesthesia for thoracotomy procedures other than spinal, see 00540-00541)

00630 Anesthesia for procedures in lumbar region; not otherwise specified

00632 lumbar sympathectomy

00634 chemonucleolysis

00635 diagnostic or therapeutic lumbar puncture
 ➤ CPT Changes An Insider's View 2001

00640 Anesthesia for manipulation of the spine or for closed procedures on the cervical thoracic or lumbar spine
 ➤ CPT Changes An Insider's View 2003

00670 Anesthesia for extensive spine and spinal cord procedures (eg spinal instrumentation or vascular procedures)
 ➤ CPT Assistant Nov 07:8; CPT Changes An Insider's View 2001

Upper Abdomen

00700 Anesthesia for procedures on upper anterior abdominal wall; not otherwise specified
 ➤ CPT Assistant Mar 06:15 Nov 07:8

00702 percutaneous liver biopsy

00730 Anesthesia for procedures on upper posterior abdominal wall

00740 Anesthesia for upper gastrointestinal endoscopic procedures endoscope introduced proximal to duodenum
 ➤ CPT Assistant Nov 99:7; CPT Changes An Insider's View 2000

00750 Anesthesia for hernia repairs in upper abdomen; not otherwise specified

00752 lumbar and ventral (incisional) hernias and/or wound dehiscence

00754 omphalocele

00756 transabdominal repair of diaphragmatic hernia

00770 Anesthesia for all procedures on major abdominal blood vessels

00790 Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; not otherwise specified

00792 partial hepatectomy or management of liver hemorrhage (excluding liver biopsy)
 ➤ CPT Changes An Insider's View 2001

00794 pancreatotomy partial or total (eg Whipple procedure)

00796 liver transplant (recipient)

(For harvesting of liver use 01990)

00797 gastric restrictive procedure for morbid obesity
 ➤ CPT Assistant Nov 07:8; CPT Changes An Insider's View 2002

Lower Abdomen

00800 Anesthesia for procedures on lower anterior abdominal wall; not otherwise specified
 ➤ CPT Assistant Mar 06:15 Nov 07:8

00802 panniculectomy

00810 Anesthesia for lower intestinal endoscopic procedures endoscope introduced distal to duodenum
 ➤ CPT Assistant Nov 99:7; CPT Changes An Insider's View 2000

00820 Anesthesia for procedures on lower posterior abdominal wall

00830 Anesthesia for hernia repairs in lower abdomen; not otherwise specified

00832 ventral and incisional hernias

(For hernia repairs in the infant 1 year of age or younger see 00834 00836)

00834 Anesthesia for hernia repairs in the lower abdomen not otherwise specified younger than 1 year of age
 ➤ CPT Changes An Insider's View 2003

(Do not report 00834 in conjunction with 99100)

00836 Anesthesia for hernia repairs in the lower abdomen not otherwise specified infants younger than 37 weeks gestational age at birth and younger than 50 weeks gestational age at time of surgery
 ➤ CPT Changes An Insider's View 2003

(Do not report 00836 in conjunction with 99100)

00840 Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified

00842 amniocentesis

00844 abdominoperineal resection

00846 radical hysterectomy

00848 pelvic exenteration

00851 tubal ligation/transection
 ➤ CPT Changes An Insider's View 2002

00860 Anesthesia for extraperitoneal procedures in lower abdomen including urinary tract; not otherwise specified

00862 renal procedures including upper one-third of ureter or donor nephrectomy

00864 total cystectomy

00865 radical prostatectomy (suprapubic retropubic)

00866 adrenalectomy

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Anesthesia / Perineum 00868—01220

- 00868 renal transplant (recipient)
(For donor nephrectomy use 00862)
(For harvesting kidney from brain-dead patient use 01990)
- 00870 cystolithotomy
- 00872 Anesthesia for lithotripsy, extracorporeal shock wave; with water bath
- 00873 without water bath
- 00880 Anesthesia for procedures on major lower abdominal vessels; not otherwise specified
- 00882 inferior vena cava ligation

- 00940 Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified
- 00942 colpotomy, vaginectomy, colporrhaphy, and open urethral procedures
⊕ CPT Changes: An Insider's View 2001, 2002
- 00944 vaginal hysterectomy
- 00948 cervical cerclage
- 00950 culdoscopy
- 00952 hysteroscopy and/or hysterosalpingography
⊕ CPT Assistant Nov 99:8; CPT Changes: An Insider's View 2000

Perineum

(For perineal procedures on integumentary system, muscles and nerves see 00300-00400)

- 00902 Anesthesia for; anorectal procedure
⊕ CPT Assistant Mar 08:15; CPT Changes: An Insider's View 2001
- 00904 radical perineal procedure
- 00906 vulvectomy
- 00908 perineal prostatectomy
- 00910 Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified
- 00912 transurethral resection of bladder tumor(s)
- 00914 transurethral resection of prostate
- 00916 post-transurethral resection bleeding
- 00918 with fragmentation, manipulation and/or removal of ureteral calculus
⊕ CPT Assistant Nov 99:8, Apr 09:8; CPT Changes: An Insider's View 2000
- 00920 Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified
⊕ CPT Changes: An Insider's View 2001
- 00921 vasectomy, unilateral or bilateral
⊕ CPT Changes: An Insider's View 2003
- 00922 seminal vesicles
- 00924 undescended testis, unilateral or bilateral
- 00926 radical orchiectomy, inguinal
- 00928 radical orchiectomy, abdominal
- 00930 orchiopexy, unilateral or bilateral
- 00932 complete amputation of penis
- 00934 radical amputation of penis with bilateral inguinal lymphadenectomy
- 00936 radical amputation of penis with bilateral inguinal and iliac lymphadenectomy
- 00938 insertion of penile prosthesis (perineal approach)

Pelvis (Except Hip)

- 01112 Anesthesia for bone marrow aspiration and/or biopsy, anterior or posterior iliac crest
⊕ CPT Assistant Mar 06:15; CPT Changes: An Insider's View 2001
- 01120 Anesthesia for procedures on bony pelvis
- 01130 Anesthesia for body cast application or revision
- 01140 Anesthesia for interpelviabdominal (hindquarter) amputation
- 01150 Anesthesia for radical procedures for tumor of pelvis except hindquarter amputation
- 01160 Anesthesia for closed procedures involving symphysis pubis or sacroiliac joint
- 01170 Anesthesia for open procedures involving symphysis pubis or sacroiliac joint
- 01173 Anesthesia for open repair of fracture/disruption of pelvis or column fracture involving acetabulum
⊕ CPT Assistant Jun 04:3-4; CPT Changes: An Insider's View 2004
- 01180 Anesthesia for obturator neurectomy; extrapelvic
- 01190 intrapelvic
⊕ CPT Assistant Nov 07:8

Upper Leg (Except Knee)

- 01200 Anesthesia for all closed procedures involving hip joint
⊕ CPT Assistant Mar 06:15, Nov 07:8
- 01202 Anesthesia for arthroscopic procedures of hip joint
- 01210 Anesthesia for open procedures involving hip joint; not otherwise specified
- 01212 hip disarticulation
- 01214 total hip arthroplasty
⊕ CPT Changes: An Insider's View 2001, 2002
- 01215 revision of total hip arthroplasty
⊕ CPT Changes: An Insider's View 2001, 2002
- 01220 Anesthesia for all closed procedures involving upper two-thirds of femur

01230—01630 Anesthesia / Knee and Popliteal Area

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- 01230** Anesthesia for open procedures involving upper two-thirds of femur; not otherwise specified
- 01232** amputation
- 01234** radical resection
- 01250** Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of upper leg
- 01260** Anesthesia for all procedures involving veins of upper leg including exploration
- 01270** Anesthesia for procedures involving arteries of upper leg, including bypass graft; not otherwise specified
- 01272** femoral artery ligation
- 01274** femoral artery embolectomy
 ➤ CPT Assistant Nov 07:8

Knee and Popliteal Area

- 01320** Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of knee and/or popliteal area
 ➤ CPT Assistant Mar 06:15 Nov 07:8
- 01340** Anesthesia for all closed procedures on lower one-third of femur
- 01360** Anesthesia for all open procedures on lower one-third of femur
- 01380** Anesthesia for all closed procedures on knee joint
- 01382** Anesthesia for diagnostic arthroscopic procedures of knee joint
 ➤ CPT Changes: An Insider's View 2003
- 01390** Anesthesia for all closed procedures on upper ends of tibia, fibula, and/or patella
- 01392** Anesthesia for all open procedures on upper ends of tibia, fibula, and/or patella
- 01400** Anesthesia for open or surgical arthroscopic procedures on knee joint; not otherwise specified
 ➤ CPT Changes: An Insider's View 2003
- 01402** total knee arthroplasty
 ➤ CPT Changes: An Insider's View 2002
- 01404** disarticulation at knee
- 01420** Anesthesia for all cast applications, removal, or repair involving knee joint
- 01430** Anesthesia for procedures on veins of knee and popliteal area; not otherwise specified
- 01432** arteriovenous fistula
- 01440** Anesthesia for procedures on arteries of knee and popliteal area; not otherwise specified
- 01442** popliteal thromboendarterectomy with or without patch graft
- 01444** popliteal excision and graft or repair for occlusion or aneurysm
 ➤ CPT Assistant Nov 07:8

Lower Leg (Below Knee, Includes Ankle and Foot)

- 01462** Anesthesia for all closed procedures on lower leg, ankle and foot
 ➤ CPT Assistant Mar 06:15 Nov 07:8
- 01464** Anesthesia for arthroscopic procedures of ankle and/or foot
 ➤ CPT Changes: An Insider's View 2003
- 01470** Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; not otherwise specified
- 01472** repair of ruptured Achilles tendon, with or without graft
- 01474** gastrocnemius recession (eg, Strayer procedure)
- 01480** Anesthesia for open procedures on bones of lower leg, ankle, and foot; not otherwise specified
- 01482** radical resection (including below knee amputation)
 ➤ CPT Changes: An Insider's View 2001
- 01484** osteotomy or osteoplasty of tibia and/or fibula
- 01486** total ankle replacement
- 01490** Anesthesia for lower leg cast application, removal, or repair
- 01500** Anesthesia for procedures on arteries of lower leg including bypass graft; not otherwise specified
- 01502** embolectomy, direct or with catheter
- 01520** Anesthesia for procedures on veins of lower leg; not otherwise specified
- 01522** venous thrombectomy, direct or with catheter
 ➤ CPT Assistant Nov 07:8

Shoulder and Axilla

Includes humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint.

- 01610** Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of shoulder and axilla
 ➤ CPT Assistant Mar 06:15 Nov 07:8
- 01620** Anesthesia for all closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint
- 01622** Anesthesia for diagnostic arthroscopic procedures of shoulder joint
 ➤ CPT Changes: An Insider's View 2003
- 01630** Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; not otherwise specified
 ➤ CPT Changes: An Insider's View 2003
- [01632 has been deleted. To report, see 01630, 01638]

CPT 2011

Anesthesia / Upper Arm and Elbow 01634—01930

- 01634 shoulder disarticulation
- 01636 interthorascapular (forequarter) amputation
- 01638 total shoulder replacement
- 01650 Anesthesia for procedures on arteries of shoulder and axilla; not otherwise specified
- 01652 axillary-brachial aneurysm
- 01654 bypass graft
- 01656 axillary-femoral bypass graft
- 01670 Anesthesia for all procedures on veins of shoulder and axilla
- 01680 Anesthesia for shoulder cast application removal or repair; not otherwise specified
- 01682 shoulder spica
➡ CPT Assistant Nov 07:8

Upper Arm and Elbow

- 01710 Anesthesia for procedures on nerves muscles tendons fascia and bursae of upper arm and elbow; not otherwise specified
➡ CPT Assistant Mar 06:15 Nov 07:8
- 01712 tenotomy, elbow to shoulder open
- 01714 tenoplasty elbow to shoulder
- 01716 tenodesis rupture of long tendon of biceps
- 01730 Anesthesia for all closed procedures on humerus and elbow
- 01732 Anesthesia for diagnostic arthroscopic procedures of elbow joint
➡ CPT Changes An Insider's View 2003
- 01740 Anesthesia for open or surgical arthroscopic procedures of the elbow; not otherwise specified
➡ CPT Changes An Insider's View 2003
- 01742 osteotomy of humerus
- 01744 repair of nonunion or malunion of humerus
- 01756 radical procedures
- 01758 excision of cyst or tumor of humerus
- 01760 total elbow replacement
- 01770 Anesthesia for procedures on arteries of upper arm and elbow; not otherwise specified
- 01772 embolectomy
- 01780 Anesthesia for procedures on veins of upper arm and elbow; not otherwise specified
- 01782 phleborrhaphy
➡ CPT Assistant Nov 07:8

Forearm, Wrist, and Hand

- 01810 Anesthesia for all procedures on nerves muscles tendons fascia and bursae of forearm wrist and hand
➡ CPT Assistant Mar 06:15 Nov 07:8
- 01820 Anesthesia for all closed procedures on radius ulna wrist or hand bones
- 01829 Anesthesia for diagnostic arthroscopic procedures on the wrist
➡ CPT Changes An Insider's View 2003
- 01830 Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius distal ulna wrist or hand joints; not otherwise specified
➡ CPT Changes An Insider's View 2003
- 01832 total wrist replacement
- 01840 Anesthesia for procedures on arteries of forearm wrist and hand; not otherwise specified
- 01842 embolectomy
- 01844 Anesthesia for vascular shunt, or shunt revision, any type (eg dialysis)
- 01850 Anesthesia for procedures on veins of forearm wrist and hand; not otherwise specified
- 01852 phleborrhaphy
- 01860 Anesthesia for forearm wrist or hand cast application removal, or repair
➡ CPT Assistant Nov 07:8

Radiological Procedures

- 01916 Anesthesia for diagnostic arteriography/venography
➡ CPT Assistant Nov 07:8; CPT Changes An Insider's View 2002
(Do not report 01916 in conjunction with therapeutic codes 01924-01926 01930-01933)
- 01920 Anesthesia for cardiac catheterization including coronary angiography and ventriculography (not to include Swan-Ganz catheter)
- 01922 Anesthesia for non-invasive imaging or radiation therapy
- 01924 Anesthesia for therapeutic interventional radiological procedures involving the arterial system; not otherwise specified
➡ CPT Changes An Insider's View 2002
- 01925 carotid or coronary
➡ CPT Changes An Insider's View 2002
- 01926 intracranial intracardiac or aortic
➡ CPT Changes An Insider's View 2002
- 01930 Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified
➡ CPT Changes An Insider's View 2002

CPT 2011

01931—01999 Anesthesia / Burn Excisions or Debridement

- 01931** intrahepatic or portal circulation (eg, transvenous intrahepatic portosystemic shunt[s] [TIPS])
 ➤ CPT Assistant Apr 08:3; CPT Changes. An Insider's View 2002 2008
- 01932** intrathoracic or jugular
 ➤ CPT Changes. An Insider's View 2002
- 01933** intracranial
 ➤ CPT Changes. An Insider's View 2002
- 01935** Anesthesia for percutaneous image guided procedures on the spine and spinal cord; diagnostic
 ➤ CPT Assistant Apr 08:3; CPT Changes. An Insider's View 2008
- 01936** therapeutic
 ➤ CPT Assistant Apr 08:3; CPT Changes. An Insider's View 2008

Burn Excisions or Debridement

- 01951** Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; less than 4% total body surface area
 ➤ CPT Assistant Mar 06:15; CPT Changes. An Insider's View 2001 2002
- 01952** between 4% and 9% of total body surface area
 ➤ CPT Changes. An Insider's View 2001 2002
- + 01953** each additional 9% total body surface area or part thereof (List separately in addition to code for primary procedure)
 ➤ CPT Changes. An Insider's View 2001
- (Use 01953 in conjunction with 01952)

Obstetric

- 01958** Anesthesia for external cephalic version procedure
 ➤ CPT Assistant Jun 04:5-6; CPT Changes. An Insider's View 2004
- 01960** Anesthesia for vaginal delivery only
 ➤ CPT Assistant Dec 01:3; CPT Changes. An Insider's View 2002
- 01961** Anesthesia for cesarean delivery only
 ➤ CPT Changes. An Insider's View 2002 2003
- 01962** Anesthesia for urgent hysterectomy following delivery
 ➤ CPT Changes. An Insider's View 2002 2003
- 01963** Anesthesia for cesarean hysterectomy without any labor analgesia/anesthesia care
 ➤ CPT Changes. An Insider's View 2002 2003
- 01965** Anesthesia for incomplete or missed abortion procedures
 ➤ CPT Changes. An Insider's View 2006
- 01966** Anesthesia for induced abortion procedures
 ➤ CPT Changes. An Insider's View 2005

- 01967** Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor)
 ➤ CPT Assistant Dec 01:3; CPT Changes. An Insider's View 2002
- + 01968** Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)
 ➤ CPT Assistant Dec 01:3; CPT Changes. An Insider's View 2002 2003
- (Use 01968 in conjunction with 01967)
- + 01969** Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)
 ➤ CPT Assistant Dec 01:3; CPT Changes. An Insider's View 2002 2003
- (Use 01969 in conjunction with 01967)

Other Procedures

- 01990** Physiological support for harvesting of organ(s) from brain-dead patient
 ➤ CPT Assistant Mar 06:15 Nov 07:8
- 01991** Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); other than the prone position
 ➤ CPT Changes. An Insider's View 2003
- 01992** prone position
 ➤ CPT Changes. An Insider's View 2003
- (Do not report 01991 or 01992 in conjunction with 99143-99150)
- (When regional intravenous administration of local anesthetic agent or other medication in the upper or lower extremity is used as the anesthetic for a surgical procedure, report the appropriate anesthesia code. To report a Bier block for pain management use 64999)
- (For intra-arterial or intravenous therapy for pain management see 96373 96374)
- 01996** Daily hospital management of epidural or subarachnoid continuous drug administration
 ➤ CPT Assistant Feb 97:5 Nov 97:10 May 99:6; CPT Changes. An Insider's View 2003
- (Report code 01996 for daily hospital management of continuous epidural or subarachnoid drug administration performed after insertion of an epidural or subarachnoid catheter)
- 01999** Unlisted anesthesia procedure(s)
 ➤ CPT Assistant Feb 97:4 Feb 06:9 Mar 06:15 Jan 07:30 Nov 07:8

EXHIBIT 5

RE: regarding our conversation today

From: **Letty Perez** (lettyperez0@hotmail.com) You moved this message to its current location.

Sent: Fri 11/20/09 3:57 PM

To: mrotondaroprime@aol.com

Cc: jdvector@hotmail.com (jdvector@hotmail.com);
roccoungaro@hotmail.com

4 attachments

Anesthesia fees for all carriers 08-01-09(1).xls (46.5 KB),
anesthesiology base units per procedure code 2009 version
(1).xlsm (18.0 KB), DME code listing with description
(1).csv.xls (287.5 KB), HCPCS codes 2008-2009(1).xls (2.4
MB)

As per our conversation, please find files attached.

Regards,

Letty Pérez

Interpreter / Translator

English & Spanish

To: lettyperez0@hotmail.com

Subject: regarding our conversation today

Date: Thu, 19 Nov 2009 15:33:48 -0500

From: mrotondaroprime@aol.com

Hi Letty,

Thank you for taking some time and talking to me today. I really appreciate your help. If you could forward those two list I would appreciate that. One list regarding the J codes and the other was the price per unit for anesthesia.

Thanks again,

Michael Rotondaro

Sheet1

CODE	2009	00520	6	00820	5	01150	10	01620	4	01936	5
	BASE	00522	4	00830	4	01160	4	01622	4	01951	3
	UNIT	00524	4	00832	6	01170	8	01630	5	01952	5
00100	5	00528	8	00834	5	01173	12	01632	6	01953	1
00102	6	00529	11	00836	6	01180	3	01634	9	01958	5
00103	5	00530	4	00840	6	01190	4	01636	15	01960	5
00104	4	00532	4	00842	4	01200	4	01638	10	01961	7
00120	5	00534	7	00844	7	01202	4	01650	6	01962	8
00124	4	00537	7	00846	8	01210	6	01652	10	01963	8
00126	4	00539	18	00848	8	01212	10	01654	8	01964	4
00140	5	00540	12	00851	6	01214	8	01656	10	01965	4
00142	4	00542	15	00860	6	01215	10	01670	4	01966	4
00144	6	00541	15	00862	7	01220	4	01680	3	01967	5
00145	6	00546	15	00864	8	01230	6	01682	4	01968	2
00147	4	00548	17	00865	7	01232	5	01710	3	01969	5
00148	4	00550	10	00866	10	01234	8	01712	5	01990	7
00160	5	00560	15	00868	10	01250	4	01714	5	01991	3
00162	7	00561	25	00870	5	01260	3	01716	5	01992	5
00164	4	00562	20	00872	7	01270	8	01730	3	01995	5
00170	5	00563	25	00873	5	01272	4	01732	3	01996	3
00172	6	00566	25	00880	15	01274	6	01740	4	01999	0
00174	6	00567	18	00882	10	01320	4	01742	5		
00176	7	00580	20	00902	5	01340	4	01744	5		
00190	5	00600	10	00904	7	01360	5	01756	6		
00192	7	00604	13	00906	4	01380	3	01758	5		
00210	11	00620	10	00908	6	01382	3	01760	7		
00211	10	00622	13	00910	3	01390	3	01770	6		
00212	5	00625	13	00912	5	01392	4	01772	6		
00214	9	00626	15	00914	5	01400	4	01780	3		
00215	9	00630	8	00916	5	01402	7	01782	4		
00216	15	00632	7	00918	5	01404	5	01810	3		
00218	13	00634	10	00920	3	01420	3	01820	3		
00220	10	00635	4	00921	3	01430	3	01829	3		
00222	6	00640	3	00922	6	01432	6	01830	3		
00300	5	00670	13	00924	4	01440	8	01832	6		
00320	6	00700	4	00926	4	01442	8	01840	6		
00322	3	00702	4	00928	6	01444	8	01842	6		
00326	7	00730	5	00930	4	01462	3	01844	6		
00350	10	00740	5	00932	4	01464	3	01850	3		
00352	5	00750	4	00934	6	01470	3	01852	4		
00400	3	00752	6	00936	8	01472	5	01860	3		
00402	5	00754	7	00938	4	01474	5	01916	5		
00404	5	00756	7	00940	3	01480	3	01920	7		
00406	13	00770	15	00942	4	01482	4	01922	7		
00410	4	00790	7	00944	6	01484	4	01924	5		
00450	5	00792	13	00948	4	01486	7	01925	7		
00452	6	00794	8	00950	5	01490	3	01926	8		
00454	3	00796	30	00952	4	01500	8	01930	5		
00470	6	00797	11	01112	5	01502	6	01931	7		
00472	10	00800	4	01120	6	01520	3	01932	6		
00474	13	00802	5	01130	3	01522	5	01933	7		
00500	15	00810	5	01140	15	01610	5	01935	5		

EXHIBIT 6

Billing Face Sheet for Anesthesiology Consultants LLC.

Patient Name

Patient 3

Patient Address

Patient Telephone

Telephone #2

Insurance Carrier

Insurance ID #

Insurance Tele#

Procedure Date

Procedure Name

Cigna

410177857-01

3/11/11

Fluoroscopy

Left Sacrospinous Ligament Injection

under fluoroscopic guidance

CPT code

T1003-2

CPT code

27096-20

CPT code

CPT code

Anesthesia TIME

13⁰¹

to

15⁴⁰

Total Procedure Units

33

= (Base Units

22

+ Time Units

11)

Anesthesia Provider

N. G. M. M. K.

Special Notes

Patient 3


Evaluator Signature 

EXHIBIT 7

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

CIGNA HEALTH/SCRANTON
P.O. BOX 182223

CHATANOOGA, TN 37422

1. MEDICARE		MEDICAID		TRICARE		CHAMPVA		GROUP HEALTH PLAN		FECA		OTHER		1a. INSURED'S ID NUMBER	
(Medicare #)		(Medicaid #)		(Tricare's SSN)		(Champva ID#)		(Group Health Plan (SSN or ID))		(FECA BLK LUNG #)		(Other #)		(For Program in Item 1)	
2. PATIENT'S NAME														3. PATIENT'S BIRTH DATE	
Patient 3														03 11 2011	
4. INSURED'S NAME & LAST NAME (Last Name, Middle Initial, First Name)														Patient 3	
5. PATIENT'S ADDRESS (No. Street)														6. INSURED'S ADDRESS (No. Street)	
7. PATIENT RELATIONSHIP TO INSURED														8. INSURED'S CITY	
Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>														STATE	
9. PATIENT STATUS														ZIP CODE	
Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>														TELEPHONE (Include Area Code)	
Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>															
10. IS PATIENT'S CONDITION RELATED TO:														11. INSURED'S POLICY GROUP OR FECA NUMBER	
NONE															
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.														13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
SIGNED Signature on File														SIGNED SIGNATURE ON FILE	
14. DATE OF CURRENT: MM DD YY														15. IF PATIENT HAS HAD SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY	
08 10 2012														16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION	
NAME OF REFERRING PROVIDER OR OTHER SOURCE														FROM MM DD YY TO MM DD YY	
VICTOR, JANICE														17. NPI 1164422705	
18. RESERVED FOR LOCAL USE														19. HOSPITALIZATION DATES RELATED TO CURR. SERVICES	
20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO														1 CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Relate Items 1, 2, 3 or 4 to Item 21E by Line)														22. MEDICARE RESUBMISSION CODE ORIGINAL REF. NO.	
1. 724 2 LUMBAGO														23. PRIOR AUTHORIZATION NUMBER	
2. 729 2 NEURALGIA/NEURI															
24. A. DATES OF SERVICE														B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z.	
From MM DD YY To MM DD YY														C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z.	
01:01 PM - 03:40 PM														03112011 03112011 11 77003 SU 12 3795.00 13 3795.00 13	
2.0 Base														11.0 Time	
0 Age														0 Physical Status	
13 Total Units														I certify that the full anesthesia service was provided by me personally	
25. FEDERAL TAX ID NUMBER														26. PATIENT'S ACCOUNT NO	
660717662														490183430-1/CI	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)														32. SERVICE FACILITY LOCATION INFORMATION	
DNTE, LUZ CRNA														VIRGIN ISLANDS PAIN MNG	
08 10 2012														9150 EST THOMAS #207	
SIGNED														ST THOMAS, VI 008022611	
DATE														1538220488	
27. ACCEPT ASSIGNMENT?														28. TOTAL CHARGE	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>														\$ 3795.00	
29. AMOUNT PAID														\$ 3765.00	
30. BALANCE DUE														0.00	
33. BILLING PROVIDER INFO & PH #														ANESTHESIOLOGY CONSULTANTS, L	
														P.O. BOX 302094	
														ST THOMAS, VI 008032094	

EXHIBIT 8

Provider Self-Service - Claim Status

Page 1 of 1



Printed on August 14, 2012

Print

Back

Claim/Reference Number: 9221107694773

Date Received: 03/17/2011

Member Name: Patient 3

Date Processed: 03/22/2011

Provider Generated Patient Account Number:

Look up Eligibility and Benefits for this member

Service Provider(s): APONTE CRN/LUZ D HIPAA Status: A2:19

Procedure Code	Date(s) of Service	Amount Charged	Allowed Amount	Amount Not Covered	Deductible / Copay Applied	Covered Balance	Plan Coinsurance Paid	Member Coinsurance	Member Responsibility (s)	Remark Code
77003 SU	03/09/2011	\$3,580.00	\$3,580.00	\$0.00	\$30.00	\$3,550.00	100% =\$3,550.00	0%=\$0.00	\$30.00	
64483 AA	03/09/2011	\$1,720.00	\$723.52	\$996.48	\$0.00	\$723.52	100% =\$723.52	0%=\$0.00	\$0.00	0248
64445 AA	03/09/2011	\$1,505.00	\$632.68	\$872.32	\$0.00	\$632.68	100% =\$632.68	0%=\$0.00	\$0.00	0248
77003 SU	03/11/2011	\$3,795.00	\$3,795.00	\$0.00	\$30.00	\$3,765.00	100% =\$3,765.00	0%=\$0.00	\$30.00	
27098 AA	03/11/2011	\$4,300.00	\$4,052.38	\$247.62	\$0.00	\$4,052.38	100% =\$4,052.38	0%=\$0.00	\$0.00	0248
TOTALS		\$14,900.00	\$12,783.58	\$2,116.42	\$60.00	\$12,723.58	\$12,723.58	\$0.00	\$60.00	

This information reflects our data when the claim was processed. It may not reflect the final member coinsurance due to other pending claims processing activities.

Payment Details		Explanation of Remark Codes	
Member Responsibility:	\$00.00	0248 - \$996.48	"Thank you for using the CIGNA HealthCare OPEN ACCESS PLUS Network. This represents your savings, so you are not required to pay this amount. This provider is prohibited from billing the patient for the difference. If you have already paid the full amount, please request reimbursement from your provider. IN or CA healthcare professionals, for information regarding the contractual source of your discounted rate, please contact CIGNA customer service department at 1 800 88CIGNA (882 4462)"
Claim Paid Amount:	\$12,723.58	\$872.32	
Check Amount:	\$27,433.31	\$247.62	
Payee's Name:	APONTE CRN ALUZ D		
Payee's Address:	PO BOX 302094 ST THOMAS VI 00803-2094		
Check Number:	944536025		
Check Status:	Paid		
Check Issued:	03/22/2011		
Check Cleared:	04/04/2011		
Payment Method:	Check		
Checks that indicate a paid amount greater than the paid amount listed in the details above indicate a bulk payment made to the provider that includes payments for other claims			

Have a comment about the website? Send us your feedback

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Provider Self-Service - Claim Status

Page 1 of 1



Printed on August 14, 2012

Claim/Reference Number: 9221187694772

Member Name: Patient 3

Date Received: 03/17/2011

Provider Generated Patient Account Number:

Date Processed: 03/22/2011

Service Provider(s):

VICTOR MD/JANICE D

HIPAA Status:

A2:19

Print

Back

Look up Eligibility and Benefits for this member

Procedure Code	Date(s) of Service	Amount Charged	Allowed Amount	Amount Not Covered	Deductible / Copay Applied	Covered Balance	Plan Coinsurance Paid	Member Coinsurance	Member Responsibility	Remark Code(s)
77003	03/09/2011	\$2 500 00	\$205 49	\$2 294 51	\$0 00	\$205 49	80%=\$164 39	20%=\$41 10	\$41 10	0248
64483	03/09/2011	\$2 800 00	\$723 52	\$2 076 48	\$30 00	\$693 52	100%=\$693 52	0%=\$0 00	\$30 00	0248
64445 51	03/09/2011	\$685 00	\$316 34	\$368 66	\$0 00	\$316 34	100%=\$316 34	0%=\$0 00	\$0 00	0248
77003	03/10/2011	\$2 500 00	\$205 49	\$2 294 51	\$0 00	\$205 49	80%=\$164 39	20%=\$41 10	\$41 10	0248
62311	03/10/2011	\$2 800 00	\$722 44	\$2 077 56	\$30 00	\$692 44	100%=\$692 44	0%=\$0 00	\$30 00	0248
77003	03/11/2011	\$2 500 00	\$205 49	\$2 294 51	\$0 00	\$205 49	80%=\$164 39	20%=\$41 10	\$41 10	0248
27096	03/11/2011	\$6 800 00	\$4 052 38	\$1 747 62	\$30 00	\$4 022 38	100%=\$4 022 38	0%=\$0 00	\$30 00	0248
TOTALS		\$19,585 00	\$6,431 16	\$13,153 85	\$90 00	\$6,341 16	\$6,217 85	\$123 30	\$213 30	

This information reflects our data when the claim was processed. It may not reflect the final member coinsurance due to other pending claims processing activities.

Payment Details		Explanation of Remark Codes	
Member Responsibility:	\$213 30	0248 - \$2 294 51	"Thank you for using the CIGNA HealthCare OPEN ACCESS PLUS Network. This represents your savings so you are not required to pay this amount. This provider is prohibited from billing the patient for the difference. If you have already paid the full amount, please request reimbursement from your provider. IN or CA healthcare professionals, for information regarding the contractual source of your discounted rate, please contact CIGNA customer service department at 1 800 85CIGNA (882 4462)
Claim Paid Amount	\$6 217 85	\$2,076.48	
Check Amount:	\$6,217.85	\$368.66	
Payee's Name:	VICTOR MD/ JANICE D	\$2 294 51	
Payee's Address	PO BOX 7877	\$2 077 56	
	ST THOMAS, VI 00801-0877	\$2 294 51	
Remittance Tracking Number	110326090002178	\$1 747 62	
Check Status	Paid		
Check Issued	03/26/2011		
Check Cleared:	03/26/2011		
Payment Method	EFT		

Checks that indicate a paid amount greater than the paid amount listed in the details above indicate a bulk payment made to the provider that includes payments for other claims

Remittance Reports

Showing Results 1 of 1

Remittance Tracking Number	Tax ID	Payment Date	Deposit Amount	Product Type	# of Pages
110326090002178	660563966	03/30/2011	\$39 784 39	PPO/OAP	7

To view a report you may need to download and install [Adobe Reader](#)

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EXHIBIT 9

08/11/12
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STATEMENT

CONSULTANTS, LLC

ANESTHESIOLOGY

IRS# 660717662
008032094

P.O. BOX 302094
ST THOMAS, VI

Tel: 914/358-0249

118625 Patient 3

Acct: 490183430-1/CI

Pat: Patient 3
Tel: 914/358-0249

U1017785701

Insl: CIGNA HEALTH/SCRANTON

Date	Code	Description	Qt	Diag	Prv Ref	AR	Plc
Amt	Bal						
0.00		Balance up to 02/01/11					
02/03/11	77003SU	FLUOROSCOPIC GUIDANCE	1	724.2	LA1 JVICCI O		
3580.00	0.00	08:20 AM - 10:50 AM		729.2			
02/03/11	2709659	INJECTION PROCEDURE FO	1	724.2	LA1 JVICCI O		
4300.00	0.00	08:20 AM - 10:50 AM		729.2			
02/03/11	CICK	CIGNA CHECK					
7602.38		CHECK 00944362731					
02/03/11	CIWO	CIGNA WRITE OFF					
277.62							
02/04/11	77003SU	FLUOROSCOPIC GUIDANCE	1	724.2	LA1 JVICCI O		
3580.00	0.00	08:15 AM - 10:37 AM		729.2			
02/04/11	6448359	LUMBAR OR SACRAL, SING	1	724.2	LA1 JVICCI O		
1720.00	0.00	08:15 AM - 10:37 AM		729.2			
02/04/11	CICK	CIGNA CHECK					
4273.52		CHECK 00944362731					
02/04/11	CIWO	CIGNA WRITE OFF					
1026.48							
02/07/11	77003SU	FLUOROSCOPIC GUIDANCE	1	724.2	LA1 JVICCI O		

3365.00	0.00				
02/07/11	6449359	08:20 AM - 10:32 AM	729.2		
1720.00	0.00	INJECTION, DIAGNOSTIC	1	724.2	LA1 JVICCI O
02/07/11	CICK	08:20 AM - 10:32 AM	729.2		
693.52		CIGNA CHECK			
02/07/11	CIWO	CHECK 00944362731			
1026.48		CIGNA WRITE OFF			
02/07/11	GLFE	GLOBAL FEE (INCORPORAT			
3365.00					
03/09/11	77003SU	FLUOROSCOPIC GUIDANCE	1	724.2	LA1 JVICCI O
3580.00	0.00				
03/09/11	6448359	02:01 PM - 04:17 PM			
1720.00	0.00	LUMBAR OR SACRAL, SING	1	724.2	LA1 JVICCI O
03/09/11	6444559	02:01 PM - 04:17 PM			
1505.00	0.00	INJECTION FOR NERVE BL	1	724.2	LA1 JVICCI O
03/09/11	CICK	02:01 PM - 04:17 PM			
4906.20		CIGNA CHECK			
03/09/11	CIWO	CIGNA WRITE OFF			
1898.80					
03/11/11	77003SU	FLUOROSCOPIC GUIDANCE	1	724.2	LA1 JVICCI O
3795.00	0.00				
03/11/11	2709659	01:01 PM - 03:40 PM	729.2		
4300.00	0.00	INJECTION PROCEDURE FO	1	724.2	LA1 JVICCI O
03/11/11	CICK	01:01 PM - 03:40 PM	729.2		
7817.38		CIGNA CHECK			
03/11/11	CIWO	CIGNA WRITE OFF			
277.62					
05/10/11	77003SU	FLUOROSCOPIC GUIDANCE	1	724.2	LA1 JVICCI O
3795.00	0.00				
05/10/11	6448359	02:42 PM - 05:22 PM	722.2		
1720.00	0.00	LUMBAR OR SACRAL, SING	1	724.2	LA1 JVICCI O
05/10/11	6444559	02:42 PM - 05:22 PM	722.2		
1505.00	0.00	INJECTION FOR NERVE BL	1	724.2	LA1 JVICCI O
		02:42 PM - 05:22 PM	722.2		

08/11/12

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STATEMENT

CONSULTANTS, LLC

ANESTHESIOLOGY

P.O. BOX 302094

IRS# 660717662
008032094

ST THOMAS, VI

Tel: 914/358-0249

118625 **Patient 3**

Acct: 490183430-1/CI

Pat: **Patient 3**
Tel: **Patient 3**

U1017785701

Ins1: CIGNA HEALTH/SCRANTON

Date	Code	Description	Qt	Diag	Prv	Ref	AR	Plc
Amt	Bal							
05/10/11	CICK	CIGNA CHECK						-
1009.86								
05/10/11	CIWO	CHECK 00946173375						-
2215.14		CIGNA WRITE OFF						
05/10/11	GLFE	GLOBAL FEE (INCORPORAT						-
3795.00								
05/11/11	77003SU	FLUOROSCOPIC GUIDANCE	1	722.2	LA1	JVICCI	O	
7000.00	0.00							
		02:30 PM - 04:27 PM		724.2				
05/11/11	2709659	INJECTION PROCEDURE FO	1	722.2	LA1	JVICCI	O	
4800.00	0.00							
		02:30 PM - 04:27 PM		724.2				
05/11/11	CICK	CIGNA CHECK						-
7172.38								
05/11/11	CIWO	CHECK 00946173375						-
277.62		CIGNA WRITE OFF						
05/11/11	CICK	CIGNA CHECK						-
3457.18								
05/11/11	CIWO	CHECK 00946258332						-
892.82		CIGNA WRITE OFF						
05/12/11	77003SU	FLUOROSCOPIC GUIDANCE	1	724.2	LA1	JVICCI	O	
4225.00	0.00							
		02:23 PM - 05:37 PM		722.2				
05/12/11	6231159	LUMBAR, SACRAL (CAUDAL	1	724.2	LA1	JVICCI	O	
1720.00	0.00							
		02:23 PM - 05:37 PM		722.2				
05/12/11	6449359	INJECTION, DIAGNOSTIC	1	724.2	LA1	JVICCI	O	
1720.00	0.00							
		02:23 PM - 05:37 PM		722.2				
05/12/11	CICK	CIGNA CHECK						-
1415.96								

05/12/11 CIWO CIGNA WRITE OFF
2024.04
05/12/11 GLFE GLOBAL FEE (INCORPORAT
4225.00
08/17/11 77003SU FLUOROSCOPIC GUIDANCE 1 724.2 LA1 JVICCI O
3580.00 0.00
08/17/11 2709659 02:40 PM - 05:09 PM 729.2 722.2
4300.00 0.00 INJECTION PROCEDURE FO 1 724.2 LA1 JVICCI O
08/17/11 CICK 02:40 PM - 05:09 PM 729.2 722.2
3406.29 CIGNA CHECK
08/17/11 CIWO CIGNA WRITE OFF
4473.71
08/18/11 77003SU FLUOROSCOPIC GUIDANCE 1 724.2 LA1 JVICCI O
3365.00 0.00
08/18/11 6449359 02:15 PM - 04:25 PM 729.2
1720.00 0.00 INJECTION, DIAGNOSTIC 1 724.2 LA1 JVICCI O
08/18/11 6444559 02:15 PM - 04:25 PM 729.2
1075.00 0.00 INJECTION FOR NERVE BL 1 724.2 LA1 JVICCI O
08/18/11 CICK 02:15 PM - 04:25 PM 729.2
996.28 CIGNA CHECK
08/18/11 CIWO CHECK 00947141079
5163.72 CIGNA WRITE OFF

\$ 0.00

Regular Balance

Previous Total: 0.00

	Charges	Today's	To Date
	:	0.00	73690.00
	:	0.00	-42750.95
	:	0.00	-30939.05

08/11/12
Page: 3
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STATEMENT

CONSULTANTS, LLC

ANESTHESIOLOGY

IRS# 660717662
008032094

P.O. BOX 302094
ST THOMAS, VI

Tel: 914/358-0249

Patient 3

Acct: 490183430-1/CI

Pat: Patient 3

Tel:

U1017785701

Insl: CIGNA HEALTH/SCRANTON

Providers: LA1 - APONIE, LUZ CRNA

Referral Physicians: JVIC - VICTOR, JANICE

EXHIBIT 10

08/11/12

STATEMENT

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PAIN MANAGEMENT ASSOC

VIRGIN ISLANDS

 IRS# 660663866
 008010877

 P.O. BOX 7877
 ST THOMAS, VI

Tel: 914/358-0242

Patient 3

Acct: 420183430-1/CI

118625875

Pat: Patient 3

Tel:

Ins1: CIGNA HEALTH/SCRANTON

U1017785701

Date	Code	Description	Qt	Diag	Prv	Ref	AR	Plc
Amt	Bal							

Balance up to 02/01/11								
0.00								
02/02/11	99245	OFFICE CONSULTATION	1	724.2	V		CI	O
398.00	0.00							
				729.2	722.2			
02/02/11	CPCH	COPAYMENT/CASH						
-30.00								
02/02/11	CICK	CIGNA CHECK						-
298.43								
02/02/11	CIWO	CIGNA WRITE OFF						
-69.57								
02/03/11	77003	FLUOROSCOPIC GUIDANCE	1	724.2	V		CI	O
2500.00	0.00							
				729.2				
02/03/11	27096	INJECTION PROCEDURE FO	1	724.2	V		CI	O
5800.00	0.00							
				729.2				
02/03/11	CICK	CIGNA CHECK						-
4186.77								
02/03/11	CIWO	CIGNA WRITE OFF						-
4042.13								
02/03/11	C	PATIENT CHECK						
-71.10								
02/04/11	77003	FLUOROSCOPIC GUIDANCE	1	724.2	V		CI	O
2500.00	0.00							

					729.2		
		PT PAID \$ 320.00					
02/04/11	64483	LUMBAR OR SACRAL, SING 1	724.2	V		CI	O
2800.00	0.00						
					729.2		
02/04/11	64445	INJECTION FOR NERVE BL 1	724.2	V		CI	O
685.00	0.00						
					729.2		
02/04/11	CICK	CIGNA CHECK				-	
1174.25							
02/04/11	CIWO	CIGNA WRITE OFF				-	
4739.65							
02/04/11	C	PATIENT CHECK					
-71.10							
02/07/11	77003	FLUOROSCOPIC GUIDANCE 1	724.2	V		CI	O
2500.00	0.00						
					729.2		
02/07/11	62311	LUMBAR, SACRAL (CAUDAL 1	724.2	V		CI	O
2800.00	0.00						
					729.2		
02/07/11	64493	INJECTION, DIAGNOSTIC 1	724.2	V		CI	O
1075.00	0.00						
					729.2		
02/07/11	CICK	CIGNA CHECK				-	
1054.74							
02/07/11	CIWO	CIGNA WRITE OFF				-	
2790.26							
02/07/11	GLFE	GLOBAL FEE (INCORPORAT				-	
2500.00							
02/07/11	C	PATIENT CHECK					
-30.00							
02/09/11	99215	OFFICE VISIT LEVEL 5 1	724.2	V		CI	O
240.00	0.00						
					729.2		
02/09/11	CPCK	COPAYMENT/CHECK					
-30.00							
02/09/11	CICK	CIGNA CHECK				-	
144.13							
02/09/11	CIWO	CIGNA WRITE OFF					
-65.87							
03/09/11	77003	FLUOROSCOPIC GUIDANCE 1	724.2	V		CI	O
2500.00	0.00						
		PROF COURTESY NO CHARGE					
03/09/11	64483	LUMBAR OR SACRAL, SING 1	724.2	V		CI	O
2800.00	0.00						
03/09/11	64445	INJECTION FOR NERVE BL 1	724.2	V		CI	O
685.00	0.00						

08/11/12
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STATEMENT

PAIN MANAGEMENT ASSOC

VIRGIN ISLANDS

IRS#
008010877P.O. BOX 7877
ST THOMAS, VI

Tel: 914/358-0242

Patient 3

Acct: 420183430-1/CI

Pat: Patient 3
Tel:

Ins1: CIGNA HEALTH/SCRANTON

U1017785701

Date	Code	Description	Qt	Diag	Prv	Ref	AR	Plc
Amt	Bal							
03/09/11	CICK	CIGNA CHECK						-
1174.25								
03/09/11	CIWO	CIGNA WRITE OFF						-
4739.65								
03/09/11	C	PATIENT CHECK						
0.00								
03/09/11	DRWO	DOCTOR'S OFFICE WRITE-						
-71.10								
03/10/11	77003	FLUOROSCOPIC GUIDANCE	1	724.2	V		CI	O
2500.00	0.00							
				729.2				
03/10/11	62311	LUMBAR, SACRAL (CAUDAL	1	724.2	V		CI	O
2800.00	0.00							
				729.2				
03/10/11	CICK	CIGNA CHECK						-
856.83								
03/10/11	CIWO	CIGNA WRITE OFF						-
4372.07								
03/10/11	C	PATIENT CHECK						
-71.10								
03/11/11	77003	FLUOROSCOPIC GUIDANCE	1	724.2	V		CI	O
2500.00	0.00							
				729.2				
03/11/11	27096	INJECTION PROCEDURE FO	1	724.2	V		CI	O
5800.00	0.00							
				729.2				
03/11/11	CICK	CIGNA CHECK						-
4186.77								
03/11/11	CIWO	CIGNA WRITE OFF						-
4042.13								
03/11/11	C	PATIENT CHECK						

-71.10							
05/10/11	77003	FLUOROSCOPIC GUIDANCE	2	724.2	V	CI	O
5000.00	0.00						
				722.2			
		PROF COURTESY NO CHARGE					
05/10/11	64483	LUMBAR OR SACRAL, SING	1	724.2	V	CI	O
1500.00	0.00						
				722.2			
05/10/11	64445	INJECTION FOR NERVE BL	1	724.2	V	CI	O
685.00	0.00						
				722.2			
05/10/11	CICK	CIGNA CHECK					-
1338.64							
		CHECK 00860576595					
05/10/11	CIWO	CIGNA WRITE OFF					-
5734.16							
05/10/11	DRWO	DOCTOR'S OFFICE WRITE-					-
112.20							
05/11/11	77003	FLUOROSCOPIC GUIDANCE	1	722.2	V	CI	O
2500.00	0.00						
				724.2			
		PROF COURTESY NO CHARGE					
05/11/11	27096	INJECTION PROCEDURE FO	1	722.2	V	CI	O
5800.00	0.00						
				724.2			
05/11/11	CICK	CIGNA CHECK					-
4186.77							
		CHECK 00860576595					
05/11/11	CIWO	CIGNA WRITE OFF					-
4042.13							
05/11/11	DRWO	DOCTOR'S OFFICE WRITE-					
-71.10							
05/12/11	77003	FLUOROSCOPIC GUIDANCE	1	724.2	V	CI	O
2500.00	0.00						
				722.2			
		PROF COURTESY NO CHARGE					
05/12/11	62311	LUMBAR, SACRAL (CAUDAL	1	724.2	V	CI	O
1100.00	0.00						
				722.2			

08/11/12

STATEMENT

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VIRGIN ISLANDS

PAIN MANAGEMENT ASSOC

P.O. BOX 7877
ST THOMAS, VIIRS# 660663866
008010877

Tel: 914/358-0242

Patient 3

Acct: 420183430-1/CI

Pat: Patient 3
Tel:

Ins1: CIGNA HEALTH/SCRANTON

U1017785701

Date	Code	Description	Qt	Diag	Prv	Ref	AR	Plc
Amt	Bal							
05/12/11	64493	INJECTION, DIAGNOSTIC	1	724.2	V		CI	O
1075.00	0.00							
				722.2				
05/12/11	CICK	CIGNA CHECK						-
1054.74								
05/12/11	CIWO	CIGNA WRITE OFF						-
1090.26								
05/12/11	GLFE	GLOBAL FEE (INCORPORAT						-
2500.00								
05/12/11	C	PATIENT CHECK						
-5.60								
		CREDIT						
05/12/11	DRWO	DOCTOR'S OFFICE WRITE-						
-24.40								
08/17/11	77003	FLUOROSCOPIC GUIDANCE	1	724.2	V		CI	O
2500.00	41.10							
				729.2	722.2			
		PROF COURTESY NO CHARGE						
08/17/11	27096	INJECTION PROCEDURE FO	1	724.2	V		CI	O
4500.00	30.00							
				729.2	722.2			
08/17/11	CICK	CIGNA CHECK						-
4186.77								
08/17/11	CIWO	CIGNA WRITE OFF						-
2742.13								
08/18/11	77003	FLUOROSCOPIC GUIDANCE	1	724.2	V		CI	O
2500.00	0.00							
				729.2				
		PATIENT PAID \$ 320.00						
08/18/11	64483	LUMBAR OR SACRAL, SING	1	724.2	V		CI	O
1500.00	30.00							
				729.2				
08/18/11	64445	INJECTION FOR NERVE BL	1	724.2	V		CI	O
685.00	0.00							
				729.2				
08/18/11	CICK	CIGNA CHECK						-
1009.86								
08/18/11	CIWO	CIGNA WRITE OFF						-
1145.14								

08/18/11 GLFE GLOBAL FEE (INCORPORAT
2500.00

Regular Balance

\$ 101.10

Previous Total: 101.10

	Today's	To Date
Charges :	0.00	72728.00
Payments :	0.00	-25232.95
Adjustments :	0.00	-47393.95

Providers: V - VICTOR, JANICE M.D.

EXHIBIT 11

CODING: PLANTING SEEDS FOR SUCCESS IN 2012

From: **janice victor** (jdvictor@hotmail.com)
Sent: Sat 12/03/11 10:10 AM
To: **rocco ungaro** (roccoungaro@hotmail.com); ...
(vipain@primemedicalbilling.com)

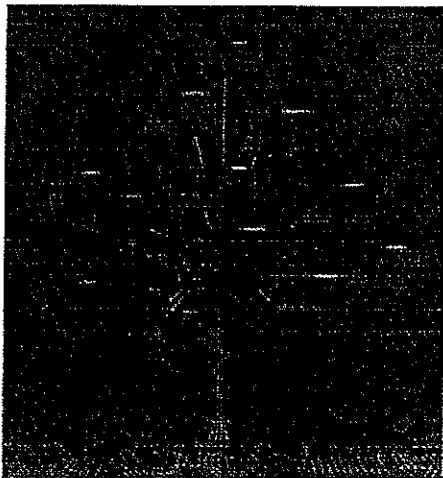
Please review this may be helpful with billing.

JV

Date: Fri, 2 Dec 2011 16:24:47 -0500
From: rlane@asipp.org
To: jdvictor@hotmail.com
Subject: CODING: PLANTING SEEDS FOR SUCCESS IN 2012

CODING

PLANTING SEEDS OF SUCCESS IN 2012



Join Us For This Informative Webinar On Coding In 2012

CPT continues on its pathway of significant changes for Interventional Pain Management providers. Once again, we see image guidance being included in more of the interventional pain management procedures. Not only are there CPT code description revisions but 2012 also brings new codes and major clarifications in injection procedure guidelines. For starters, CPT codes 64622-64626 have been deleted and replaced by CPT codes 64633-64636.

Outlook Print Message

Page 2 of 3

WEBINAR FEE:

\$175

WEBINAR DATE:

December 7, 2011

TIME:

11am-12:30pm EST

LENGTH:

90 Minutes

SPEAKER:

Marvel Hammer, RN, CPC



The passionately discussed issue of compliant coding for a single epidural injection via a catheter is finally clarified in 2012 CPT. Make sure you know when physicians should report the 62310-62311 codes versus the 62318-62319 CPT codes

We will bring you information on the RVU changes in the 2012 Medicare Physician Fee Schedule. The AMA/Specialty Society RVS Update Committee (RUC) continues to review codes that are commonly reported together, i.e. more than 75 percent of the time. For 2012, the AMA RUC Relativity Assessment Workgroup identified CPT codes 62367-62368 and 95900-95991 as part of this "Codes Reported Together 75 percent or More" screen. Consequently, practices that include implanted infusion pumps for chronic pain management will find not only code changes but also new CPT codes that they will need to incorporate into their billing.

Marvel J. Hammer, RN, CPC

MJH Consulting

Denver, Colorado

2012 CPT also sheds light on correct billing for spinal procedures when physicians use an endoscope for surgical site visualization

Registration and other information can be found at
<http://asipp.peachnewmedia.com/store/seminar/seminar.php?seminar=10064#blank>

Marvel J. Hammer RN BS CPC CCS-P
 ASC-PM CHCO, is a registered

nurse with over twenty-five years
 experience in a multitude of specialties.

Her field of specialties includes Pain
 Management, Physical Medicine &

Rehabilitation, Neurology, and
 Occupational Medicine. She is a coding
 and compliance consultant and principal of
 MJH Consulting based in Denver,

Colorado. She provides documentation
 auditing, healthcare compliance

evaluations and coding/account
 receivables assistance for her clients.

Mrs. Hammer received a BS from the
 University of Colorado - Denver with an

emphasis in finance and information
 systems. She maintains her credentials

with the American Academy of
 Professional Coders as a Certified
 Professional Coder and American Health

In addition to the CPT coding changes Marvel will review issues
 including but not limited to:

- ICD-9-CM and HCPCS code changes
- 2012 OIG Work Plan review
- Medicare Physician Fee Schedule update
- ICD-10-CM: Don't forget the 2013 deadline!

Don't risk denials and potential non-compliant billing by not being
 aware of what 2012 has in store for Interventional Pain
 Management practices!

Conference includes a Q/A and handouts. For more information
 email Marvel at rlane@asipp.org



You may register at the following address:

<http://asipp.peachnewmedia.com/store/seminar/seminar.php?seminar=10064#blank>

Information Management Association as a
Certified Coding Specialist - Physician
Based.


Additionally, she has attained the
qualifications of Advanced Coding
Specialist - Pain Management and
Certified Healthcare Compliance Officer

*This program has submitted for approval of the American Academy of Professional
Coders (AAPC) for 1.5 continuing education hours. Granting of prior approval in no
way constitutes endorsement by the AAPC of the program content or the program
sponsor. 1.5 HRS of CME credit hours will be applied for and certificates will
automatically be emailed to you. Accessing the recorded webinars will be emailed
to all registrants. This will allow you to view the recorded version at anytime.



American Society of
Interventional Pain Physicians

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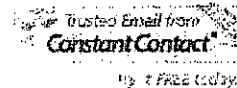


EXHIBIT 12

EXTREMELY IMPORTANT

From: **janice victor** (jdvictor@hotmail.com)
Sent: Mon 2/27/12 4:37 PM
To: **rocco ungaro** (roccoungaro@hotmail.com)

Rocco,

This is from Cigna. They are stating that there is a problem in the coding of all cases sent November and December dates some January. Please review what you guys have billed and I have already told Cathy from Cigna you will be contacting her.

JV

From: Bailey, Cathy A C2SO
Sent: Thursday, February 23, 2012 2:35 PM
To: Bailey, Cathy A C2SO; 'Dr. victor'
Cc: SecureMessage
Subject: RE: Medical Record Request
Importance: High

Dr Victor,

I received the records today from Anesthesiology Consultants and per the claims received the services were rendered by a CRNA. I reached out to my medical director and we are still confused on the billing. Only one profession can bill for the procedure, for example, if the service is 62311, only one claim with that code should be submitted. If you chose to have an anesthesiologist that code would be under the anesthesia codes, starting with 00. The way these claims are submitted it appears to be duplicate.

Can you explain the billing method you use? Additionally, I am still waiting for the other set of records. Thank you

Cathy Bailey
Business Project Manager
Cost Containment
cathy.bailey@cigna.com

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EXHIBIT 13

From: "Bailey, Cathy A C2SO" <CATHY.BAILEY@Cigna.com>

Date: February 29, 2012 10:44:14 AM EST

To: Rocco Ungaro <roccoungaro@hotmail.com>

Subject: RE: Anesthesia Consultants (Virgin Islands)

Mr. Ungaro,

Thank you for reaching out to me. To address your concerns, first, I did not nor ask any of our claim operations to stop any payments to Anesthesia Consultants. If you have claims that are past due please contact the claim office for assistance.

As to the claims having the proper coding, there are no claims, for anesthesia, with an anesthesia code. The procedure codes are the same codes that Dr. Victor billed, that are the actual pain management services. Based on that we feel that we have duplicated payments since only one health care professional would render the pain management services. What I need is the actual anesthesia code which normally begins with a zero "0" along with the timed units.

Additionally, I have not received the medical records from Dr. Victor only the anesthesia records. DO you have a timeline when those will be forwarded to me? Thank you

Cathy Bailey
Business Project Manager
Cost Containment
cathy.bailey@cigna.com

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-----Original Message-----

From: Rocco Ungaro [mailto:roccoungaro@hotmail.com]

Sent: Tuesday, February 28, 2012 3:57 PM

To: Bailey, Cathy A C2SO

Subject: Anesthesia Consultants (Virgin Islands)

Tax ID:660717662

Hello Mrs. Bailey,

I was given your e-mail address to follow up regarding the 2 1/2 months worth of claims we still have not received any payments for. I was told that the office had forwarded the notes for all the claims you've requested information on. All the claims in question were sent out using an anesthesia submission platform. Furthermore, I have confirmed that all claims were sent indicating the minutes and units associated with the authorized procedures.

Ironically, we have begun seeing payments again for more recent dates of service. However, we are struggling financially as a result of such a large gap of services remaining unpaid. We have spoken with our Cigna rep Patty Vincent at length. We have also kept Nancy Bass of VI Equicare up to date with this situation and will continue to do so.

Is there a phone number that I can reach you at? My direct mobile number is (914) 588-1950. We need to resolve this matter as soon as possible.

Thanks,

Rocco Ungaro

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